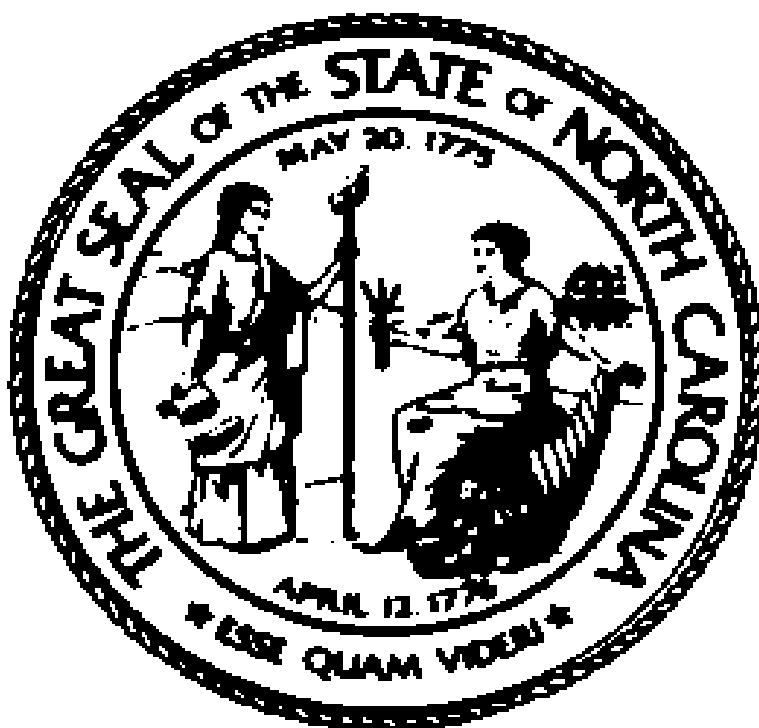


**INTENSIVE FAMILY PRESERVATION SERVICES  
FEDERALLY/STATE FUNDED PROGRAMS**

**2001 ANNUAL REPORT**

*Pursuant to Session Law 2001-424, Section 21.50(e)*



**North Carolina Department of Health and Human Services  
Division of Social Services**

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## **Executive Summary**

This report presents data and findings on North Carolina's Intensive Family Preservation (IFPS) Program from State Fiscal Year 2000 – 2001 (SFY 2001), and on a five-year history of families served SFY 1997 through SFY 2001. The findings from the analyses of five-year trend data remain very positive, both in terms of achieving legislative intent, and in terms of achieving a variety of positive outcomes for children and families-at-risk in North Carolina.

IFPS programs funded through the Division of Social Services receive a blend of State and federal (IV-B-2 and TANF) funds. The General Assembly allocated \$2,000,000 in TANF funds in 1999-2000 for the purpose of expanding IFPS into additional counties. During SFY 2001, 35 IFPS programs offered services in 48 counties (Appendix A), serving 697 families in which 1326 children were at imminent risk of being removed from the home. After IFPS services, 88 of those children (6%) were not living at home. This represents a placement prevention rate of 92% with respect to families, and 94% with respect to individual children. Changes in family functioning that enabled children and families to remain together safely included improvements in environmental factors, parental capabilities, family interactions, family safety and child well-being. SFY 2001 was the second year that the North Carolina Family Assessment Scale (NCFAS), Version 2.0, was used by IFPS programs. The NCFAS V2.0 data are discussed in detail elsewhere in this report.

During the past year, the number of African American children served by IFPS programs increased to 34% of all imminent risk children served, statewide. Further, children served from “other” non-white populations increased from 6% to 11% in SFY 2001. The proportion of white children in the service population decreased to 56%. This increase in service to non-white children is attributable to the expansion of IFPS programs in counties with a high percentage of minority children in the child welfare population. Significant shifts have also occurred over the

past year with respect to referral source. DSS referred families increased by about 16% from last year. This increase in DSS referred families is due to the expansion programs primarily providing services to the DSS population.

Among the important findings of the 5-year trend analyses are that the IFPS program continues to show stability with regard to:

- ◆ the age and sex distribution of imminent risk children,
- ◆ the major presenting problems that these children and families face,
- ◆ the percent of families needing and receiving monetary assistance, and
- ◆ a very high degree of success in preventing placements, averaging about 90% per year with respect to families, and 91% with respect to individual children.

Other important 5-year findings are that the IFPS program appears to have a significant effect on determining the level of service need for children who are ultimately placed in out-of-home care. Data indicate that children at risk of placement in correctional or psychiatric care at the time of intake often can be served in less costly, less restrictive alternative placements. Further, a small number of children at risk of placement into foster care have service needs identified that result in their receiving mental health services or more restrictive care.

Analyses of data from the North Carolina Family Assessment Scale reveal statistically significant relationships between “strengths” on several domains and placement prevention, and between “problems” on several domains and out-of-home placement. Further, the data indicate convincingly that IFPS interventions are capable of improving family functioning across all the measured domains, and that these improvements in family functioning are statistically significantly associated with placement prevention.

The findings from the client tracking study reveal that 79% of families (representing 83% of children) remained “intact” one year after IFPS, with 74% of imminent risk children living at home, and 9% living with a relative or with a family friend. The large majority of children

(88%) were in “good to very good” general health, although nearly one quarter (22%) were reported to have moderate emotional/mental health difficulties, and almost an additional quarter (22%) were reported to have “poor to very poor” emotional/mental health during the previous year. However, about one half of the children accessed mental health services or other services and these reported difficulties did not result in family dissolution in the large majority of cases. Caretakers reported that there are still significant stressors in their families’ lives. However, they also reported that they are fairing quite well, particularly when compared to their circumstances at the time that they began IFPS services.

Results of the on-going retrospective study of the effectiveness of IFPS indicate that IFPS is effective in preventing or delaying out-of-home placement among the target population of high-risk families when compared to the same types of families receiving traditional child welfare services. Results also indicate that the higher the risk evident in families, the larger the difference is between IFPS and traditional services. Further, IFPS appears to be effective at mitigating placement differences between white and non-white populations. Additionally, a special study aimed at examining the effectiveness of IFPS in serving minority populations indicated that IFPS is serving minority children in proportions equal to those in the CPS population.

Taken as a whole, the evaluation results for the Intensive Family Preservation Services program in North Carolina reveal that:

- ◆ IFPS is more effective than traditional child welfare services in preventing or delaying the out-of-home placement of children from high-risk families;
- ◆ there are significant shifts in family functioning that occur during IFPS that are associated with positive treatment outcomes;
- ◆ placement prevention rates have been very steady, ranging between 88-92% of families, and 89-94% of children each year since the program began;

- ◆ IFPS is a very cost effective program, and yields a very favorable cost/benefit ratio;
- ◆ benefits appear to accrue for families that have received the service (as measured by living arrangements of families, service utilization by families, and their apparent abilities to handle family stress).



## **Introduction**

This is the eighth Annual Report on North Carolina's Intensive Family Preservation Services (IFPS) program that presents data and information about families and children that have participated in the program. It is the fifth annual report in which data from more than one year are presented, including five-year trend data on the service population and client tracking data that now spans more than five years. Information about the IFPS program's activities and performance relating specifically to SFY 2001 is also included.

Data that are presented graphically or in tables represent the most interesting findings from the current year, or from past years. There are also sections on Family Functioning, based upon the use of the North Carolina Family Assessment Scale, and long-term client tracking data that indicate how well families manage after having participated in the IFPS program.

Data from the IFPS statewide information system are presented that:

- ◆ examine this year's performance of the program,
- ◆ describe the historical trends of the program since its beginning,
- ◆ describe research and evaluation findings that help explain the program's data,
- ◆ examine the long term outcomes of families that have received the services, and
- ◆ discuss the cost effectiveness and cost/benefit of the program.

A new section this year includes a special analysis that examines the effectiveness of IFPS at delivering services to minority populations. Further, the retrospective study to examine the treatment effects of IFPS has been expanded this year to include data on placement outcomes for DSS referred children through March 2000.

## ***Review of Program Goals***

The goal of North Carolina's Intensive Family Preservation Services Program is to prevent the unnecessary placement of children away from their families by providing intensive,

in-home services that result in long term improvements in parents' abilities to care for and protect their children.

The services provided by IFPS programs are intended to meet the following objectives:

- ◆ to stabilize the crisis that places the child at imminent risk of placement;
- ◆ to keep the child, family and community safe by reducing the potential for violence (physical, sexual, emotional/verbal);
- ◆ to keep the child safe from the consequences of neglect;
- ◆ to help families develop skills and resources needed to face and resolve future crises; and,
- ◆ to improve family functioning so that the family's quality of life is improved.

Program Design Includes:

- ◆ Targeting families with children at imminent risk of out of home placement;
- ◆ Time-limited services lasting not more than six weeks;
- ◆ Home-based services where at least half of the face-to-face contact occurs in the family's home or community;
- ◆ Focus on promoting family competence, building on the family's strengths;
- ◆ Culturally competent services demonstrating understanding and respect for cultural and ethnic diversity;
- ◆ Therapeutic and concrete services;
- ◆ Round the clock access to family preservation caseworkers;
- ◆ Caseloads no greater than four families at any given time, and
- ◆ Specially trained and supported family preservation caseworkers.

### ***Placement Prevention as an Outcome Measure***

Throughout the report, "placement prevention," or variations of the term, is one of several outcome measures used to discuss IFPS program success. Indeed, the definition of those eligible for IFPS (as expressed in the state's Policies and Procedures for the IFPS program) is:

"...child(ren) at imminent risk of out-of-home placement into the social services, mental health/developmental disabilities/substance abuse services, or juvenile justice system." The

prevention of “unnecessary” placements into these systems is a central philosophical underpinning of IFPS. However, many of these placements have become “unnecessary” only because there are now services (IFPS) that provide an *alternative* to placement in foster care or institutional care.

Having established the desirability of preventing unnecessary placements, it must be recognized that not all placements are preventable, and sometimes placement is in the best interest of the child. Therefore, “*placement prevention*” is not an entirely satisfactory success statistic, and it must be viewed within the context of child safety and family functioning. Child safety is the primary concern of all IFPS programs, and family functioning comprises a variety of things (resources, supports, skills, etc.) that enable families to resolve crises and remain together, safely.

#### ***New IFPS Policies and Procedures on Eligibility and Imminent Risk***

The policies and procedures for IFPS programs were revised during fiscal year 2001. The revisions were proposed as a response to Session Law 1999-237, Section 5(n), which included an appropriation of \$2,000,000 in Temporary Assistance for Need Families (TANF) funds for the implementation of a revised IFPS program. In addition, some areas of the policies and procedures needed to be updated in order to provide more clear standards for program administration. The revisions were approved by the Interagency Steering Committee for Family Centered Services on February 1, 2001, and were put into effect April 1, 2001. Members of the Steering Committee are listed in Appendix B.

Eligibility guidelines for receipt of IFPS services were standardized. All IFPS programs funded through the appropriation in HB 168 may only serve clients who have an open Child Protective Services case with the local Division of Social Services. Previously existing programs that receive funding from sources other than HB 168 may continue to accept referrals

from agencies other than DSS. The HB 168 funded programs must also ensure that client families have an annual income that is no greater than 200% of the federal poverty level.

Policy revisions also address the mandate that DSS “shall ensure the application of standardized assessment criteria for determining imminent risk”. Defining imminent risk has been a difficult task since the inception of IFPS programs in 1993. For the first time, objective criteria have been established to standardize the definition of imminent risk for each referral source. These criteria include:

*DSS Referred Cases*

- ◆ There has been a substantiation of abuse or neglect; and
- ◆ There is a rating of “High Risk” on the standardized risk assessment worksheet for at least one child who has been substantiated in the family.

*Juvenile Justice Referred Cases*

- ◆ There has been adjudication that the juvenile is delinquent or undisciplined, and the juvenile violates protective supervision or probation, or there are new charges; or
- ◆ The juvenile has been placed on Level 2 disposition by the court.

*Mental Health Referred Cases*

- ◆ A child may be considered “at imminent risk of out of home placement” when the child’s treatment team determines that if IFPS were not offered, the child would be referred to a residential or inpatient setting; and
- ◆ A child receives a total Child and Adolescent Functional Assessment Scale (CAFAS) score of 60 or above, or a subscore of 30 on either the parent/caregiver or the moods/self-harm domain.

Local IFPS programs educated referral sources on the new referral criteria. In some counties, there was significant resistant to the requirement that a child be rated high risk on the CPS risk assessment form in order to receive services. As a matter of practice, some local DSS

units always removed children rated high risk from their home. Local practices such as this resulted in a temporary decrease of case referrals in many counties following the implementation of the revised policies and procedures. Consultants from the Division of Social Services Resource Development Team worked with local DSS programs to reconcile the differences between local practice and the demands of the new policies and procedures. After the initial slowing of referrals during the transition to new policies and procedures, programs are now operating at full capacity.

## **Program Summary for SFY 2001**

### ***Number of Families, Caretakers and Children Served***

During SFY 2001, 35 IFPS programs provided services to families in 48 counties throughout North Carolina. Table 1, below, presents a detailed table of the programs and counties served, as well as the number of families, imminent risk children, total children and caretakers served.

**Table 1: Number of Families, Caretakers and Children Served by IFPS Programs During SFY 2001, Listed by Program and County**

<b>INTENSIVE FAMILY PRESERVATION PROGRAM</b>	<b>COUNTY SERVED</b>	<b>FAMILIES SERVED</b>	<b>CARE-TAKERS SERVED</b>	<b>IMMINENT RISK CHILDREN SERVED</b>	<b>ALL CHILDREN SERVED</b>
Mountain Youth Resources	Cherokee	14	21	29	30
	Graham	16	29	16	32
	Macon	10	16	12	15
Blue Ridge Area MH/DD/SAS	Buncombe	10	14	10	10
Buncombe County DSS	Buncombe	47	78	115	118
Home Remedies-Bringing It All Back Home	Burke	3	5	4	6
	Caldwell	10	15	18	26
Foothills Area MH/DD/SAS	Alexander	7	12	7	18
	Burke	12	15	15	26
	Caldwell	7	12	8	12
Cleveland County DSS	Cleveland	12	21	24	27
Gaston County DSS	Gaston	23	37	49	55
Cabarrus County DSS	Cabarrus	19	31	28	46
Piedmont Area MH/DD/SAS	Cabarrus	13	19	13	27
	Rowan	2	4	2	5
Centerpointe MH	Davie	2	4	2	6
	Forsyth	6	10	11	20
	Stokes	3	6	3	5

<b>INTENSIVE FAMILY PRESERVATION PROGRAM</b>	<b>COUNTY SERVED</b>	<b>FAMILIES SERVED</b>	<b>CARE- TAKERS SERVED</b>	<b>IMMINENT RISK CHILDREN SERVED</b>	<b>ALL CHILDREN SERVED</b>
Cumberland Area MH/DD/SAS	Cumberland	17	24	27	43
Youth Focus	Guilford	2	2	2	3
Methodist Home for Children: Intensive Family Preservation Services Program	Brunswick	8	14	18	21
	Chatham	10	17	16	17
	New Hanover	10	18	15	20
	Pender	1	1	1	3
	Pitt	14	18	20	21
	Scotland	19	31	43	46
	Wake	14	23	15	34
	Wayne	15	24	26	36
Smoky Mountain Area MH/DD/SAS	Haywood	10	17	18	26
	Jackson	5	7	5	5
	Swain	2	3	2	2
Alamance County MH/DD/SAS	Alamance	1	1	1	3
Choanoke Area Development Association	Halifax	9	11	16	21
	Northampton	10	12	12	19
Family Connections	Person	14	21	24	25
Catawba County DSS	Catawba	24	32	50	52
Iredell County DSS	Iredell	18	29	43	47
Sandhills Area MH/DD/SAS	Richmond	18	28	37	57
Baptist Children's Home	Davidson	5	7	11	11
Clay County DSS	Clay	10	14	14	25
OJJ Mountain Youth Resources	Haywood	24	37	27	60
	Jackson	14	19	15	36
	Swain	4	5	7	13
<b><i>EXPANSION PROGRAMS</i></b>					
S. Region 2: BIABH	Rutherford	9	15	39	40
<b>IMMINENT</b>					

<b>INTENSIVE FAMILY PRESERVATION PROGRAM</b>	<b>COUNTY SERVED</b>	<b>FAMILIES SERVED</b>	<b>CARE- TAKERS SERVED</b>	<b>RISK CHILDREN SERVED</b>	<b>ALL CHILDREN SERVED</b>
N. Region 3: Rainbow Center	Wilkes	6	10	13	14
S. Region 3: Youth Homes	Mecklenburg	31	51	76	87
N. Region 4: Exchange Club	Forsyth	13	22	43	51
N. Region 4: Centerpointe MH	Forsyth	8	10	22	22
S. Region 4: Piedmont Beh. Healthcare	Rowan	8	11	19	22
S. Region 5: Fam. Serv. of Piedmont	Guilford	18	25	38	49
S. Region 5: Youth Focus	Guilford	23	31	51	55
N. Region 7: Cumberland Co. MH	Bladen Cumberland	1 31	1 49	1 81	3 95
S. Region 7: Methodist Home	Robeson	20	29	37	48
S. Region 8: Methodist Home	Johnston	12	18	28	28
Region 10: Methodist Home	Beaufort	4	7	4	11
	Craven	5	9	14	20
	Dare	6	9	10	10
	Jackson	1	1	2	2
	Onslow	5	10	12	14
	Pamlico	1	1	1	1
	Washington	1	2	4	4
<b>Totals</b>		<b>697</b>	<b>1,075</b>	<b>1,326</b>	<b>1,706</b>

During SFY 2001, a total of 697 families received services that ended before July 1, 2001. There were 1,326 imminent risk children identified in these families, among a total of 1,706 children in the families; 1,075 caretakers were served directly by the programs.



## ***Referral Information***

Table 2 presents information collected at the time the case is referred to IFPS for service. The majority of referrals came from DSS (70%), followed by Juvenile Justice (14%) and Mental Health (11%); all other sources, combined, accounted for about 5%. The average response time from referral to the first visit to the family by an IFPS worker was 1.93 days

**Table 2: Referral Information for Families Served by IFPS Programs**

<b>Referral Information</b>	<b>Number</b>	<b>Percent</b>
<b>Referral Source</b>		
DSS	485	69.7%
MH/DD/SAS	79	11.4%
Juvenile Justice	96	13.8%
Other	36	5.2%
<b>Average Number of Days from Referral to First Home Visit</b>	1.93	
<b>DSS Referred Families with Substantiation of Abuse and/or Neglect*</b>	225	
<b>Risk Assessment Rating for those with Substantiation*</b>		
Low	3	1.4%
Medium	65	29.8%
High	150	68.8%
<b>Average Number of Days from Substantiation to IFPS Referral*</b>	129.01	

\*Required data element for expansion programs in SFY 2001. Not required of existing programs until April 2001.

New data elements were added to the IFPS Management Information System in SFY 2001 to capture critical case information that arose out of changes to the IFPS Policies and Procedures relating to eligibility criteria. The changes require that DSS referred cases have a substantiation of abuse and/or neglect, and that the family, or at least one imminent risk child in the family, have a “high” rating on the Family Risk Assessment Factor Worksheet completed by the DSS investigator. In SFY 2001, 225 of the families served were reported to have had a substantiation of abuse and/or neglect. About two-thirds of these families (69%) had a “high” rating on the risk assessment. The average length of time from the DSS substantiation of abuse and/or neglect to the referral for IFPS services was 129 days.

## ***Family Information***

Table 3 presents information collected about families at referral and intake. About 6% of families served in SFY 2001 had received IFPS previously. Lack of financial resources was indicated as causing significant family stress in 34% of families; these families did not have incomes sufficient to meet their basic needs.

**Table 3: Family Information at Referral and Intake**

<b>Family Information</b>	<b>Number</b>	<b>Percent</b>
<b>Families that Previously Received IFPS</b>	43	6.2%
<b>Families Without Sufficient Income to Cover Basic Needs</b>	238	34.1%
<b>Top Issues Presenting the Family at Referral</b>		
Family Conflict/Violence	441	63.3%
Neglect	396	56.8%
Physical Abuse	128	18.4%
Sexual Abuse	106	15.2%
Emotional Abuse	111	15.9%
Alcohol Abuse	161	23.1%
Other Drug Abuse	175	25.1%
School Difficulty	358	51.4%
Delinquency	109	15.6%
<b>Average Number of Issues Indicated per Family</b>	4.85	
<b>Strengths Identified in 50% or More of Families at Intake</b>		
Eager to keep family together	589	84.5%
Orderly/neat in home and person	372	53.4%
Responsive	404	58.0%
Pleasant	453	65.0%
Caring	434	62.3%
Employed	366	52.5%
Respectful of others	355	50.9%
Receptive	387	55.5%
Verbal	497	71.3%
<b>Average Number of Strengths Identified per Family</b>	10.47	

The major issues placing children at risk at the time of referral were: family conflict and violence; neglect; various types of abuse (physical, sexual, emotional); alcohol or other drug abuse by one or more family members; school difficulty; and delinquency. On average, 5 major issues were identified per family that placed children at imminent risk of placement. In spite of these issues, in the majority (85%) of families IFPS workers were able to identify at least one caretaker who was eager to keep the family together, and who displayed various strengths that

were used as the foundation of the IFPS worker's intervention plan. Caseworkers were able to identify an average of 10 family strengths per family that would aid in the intervention plan.

### ***Caretaker Demographics***

In SFY 2001, 1,075 caretakers were living in the homes of the 697 families served by the IFPS programs. Table 4 presents demographic information for these caretakers.

**Table 4: Demographics of Caretakers Living in the Home**

<b>Demographics of Caretakers Living in the Home</b>	<b>Number</b>	<b>Percent</b>
<b>Age</b>		
<b>Average Age</b>	35.75	
Under 18	12	1.1%
18 – 24	117	11.2%
25 – 30	185	17.7%
31 – 40	467	44.6%
41 – 50	186	17.8%
51 – 60	53	5.1%
Over 60	26	2.5%
<b>Gender</b>		
Female	707	65.8%
Male	368	34.2%
<b>Race</b>		
White	700	65.3%
African American	292	27.2%
Other	80	7.5%
<b>Working Full-Time</b>	437	40.7%
<b>Working Part-Time</b>	117	10.9%
<b>Unemployed</b>	281	26.1%
<b>Unemployed—Homemaker</b>	103	9.6%
<b>Unemployed—Disabled</b>	102	9.5%
<b>Educational Status</b>		
Less than 10 <sup>th</sup> grade	158	16.2%
10 <sup>th</sup> – 12 <sup>th</sup> grade	320	32.8%
High school/GED	305	31.3%
Post college/college graduate	193	19.8%

The average age of the caretakers served by the program was almost 36 years old.

Almost one-third of the caretakers were 30 years old or less, and about one-quarter of caretakers were over the age of 40. Nearly 66% of caretakers living in the home were female. The majority of caretakers were white (65%) and 27% were African American. Only 41% of caretakers were

employed in full-time work. Nearly half (49%) of all caretakers have less than a high school diploma.

### ***Imminent Risk Child Demographics***

In SFY 2001, 1,326 children were identified as being at imminent risk of out-of-home placement from among the 697 families served by the IFPS programs. Table 5 presents demographic information on the children at imminent risk of out-of-home placement.

**Table 5: Demographics of Imminent Risk Children**

<b>Demographics of Imminent Risk Children</b>	<b>Number</b>	<b>Percent</b>
<b>Age</b>		
Average Age	8.81	
0 – 5	412	31.2%
6 – 12	592	44.8%
13 – 15	258	19.5%
16 – 17	58	4.4%
<b>Gender</b>		
Female	615	46.4%
Male	710	53.6%
<b>Race</b>		
White	714	55.5%
African American	434	33.7%
Other	139	10.8%
<b>Risk of System Placement</b>		
Social Services	1105	83.4%
Mental Health	68	5.1%
Substance Abuse Services	2	0.2%
Juvenile Justice	124	9.4%
Developmental Disability	2	0.2%
Private Placement	24	1.8%
<b>DSS Referred Children: Primary Maltreatment Type of Neglect*</b>	453	92.2%
<b>DSS Referred Children: “High” Risk Assessment Rating*</b>	178	81.7%

\*Required data element for expansion programs in SFY 2001. Not required of existing programs until April 2001. New data elements were also required for MH and JJ referred children; however, there was insufficient data in these categories to report this year.

The average age of the imminent risk child was about 9 years old. Forty-six percent of the imminent risk children were female and 54% were male. About 56% of the children were white and 34% were African American. Other minority children represented 11% of the imminent risk children served. (Refer to the “Five Year Trend Analysis” and “Effectiveness of

IFPS in Serving Minority Populations” sections for more information about the racial distribution of the IFPS population.) The large majority of the children were at risk of a Social Services placement (83%). Another 9% were at-risk of a Juvenile Justice placement, and 5% were at-risk of a Mental Health placement.

New data elements were added to the IFPS Management Information System in SFY 2001 to capture critical case information that arose out of changes to the IFPS Policies and Procedures relating to the definition of imminent risk. The changes require that DSS referred children have a substantiation of abuse and/or neglect and that at least one child in the family has a “high” rating on the Family Risk Assessment Factor Worksheet completed by the DSS investigator. Children referred for service from Juvenile Justice sources are defined as being at imminent risk of placement if there has been an adjudication of “delinquency” or “undisciplined” and violation of protective supervision or probation has occurred, or new charges have been filed. Alternatively, a Juvenile Justice referred child would be defined as being at imminent risk if that child has been placed on Level 2 disposition by the court. A child referred by Mental Health is defined as being at imminent risk of system placement if the treatment team would refer the child to a residential or inpatient setting if IFPS were not provided, and there is a CAFAS score of 60 or above or a sub-score of 30 on either the parent/caregiver or moods/self-harm domain.

From the data available in SFY 2001, 92% of DSS referred imminent risk children had neglect as the primary type of maltreatment substantiated. Further, 82% of these children had a risk rating of “high.” Recall that the new Policies and Procedures requires that only 1 child be rated at “high” risk; other imminent risk children in the family could receive lower risk ratings, but the family would still be eligible for IFPS services. More information about the basis of

imminent risk for mental health and juvenile justice referred children will be available in SFY 2002.

### ***Service Delivery Information***

Table 6 presents regularly collected service delivery information from the 697 families served in SFY 2001. Workers averaged more than 73 hours of service to each of the families during the typical 6-week service period. About 35 hours, on average, were spent in face-to-face contact with the family. About 12 hours were devoted to client-related travel, 10 hours to administrative tasks and record keeping, and about 17 hours to a combination of case management activities (including telephone contact, conversations with “collaterals,” supervision, court time, etc.).

**Table 6: Service Delivery Information**

<b>Service Delivery Information</b>	<b>Number</b>	<b>Percent</b>
<b>Average Number of Hours of:</b>		
Face to Face Contact	34.84	
Telephone Contact	3.75	
Collateral Contact	5.90	
Client Related Travel	11.64	
Supervision	5.70	
Administrative/Record Keeping	10.12	
Miscellaneous Contact	1.23	
<b>Average Number of Hours of All Case Related Activities</b>	<b>73.19</b>	
<b>Families in Need of Monetary Assistance</b>	<b>125</b>	<b>17.9%</b>
<b>Families Provided Monetary Assistance (of those who needed)</b>	<b>123</b>	<b>98.4%</b>
<b>Total Dollars Families Needed</b>	<b>\$19,160</b>	
<b>Total Dollars Families Provided</b>	<b>\$16,868</b>	
<b>Average Dollars Provided per Family in Need</b>	<b>\$137</b>	

Table 3 reported that 34% of families were experiencing financial hardship and did not have enough money to cover the basic needs of the family. In SFY 2001, IFPS programs provided monetary assistance totaling \$16,868 to 18% of all families served to alleviate

emergency crises and stabilize the living situation. This amount averaged \$137 per family receiving monetary assistance.

### ***Closure Information***

Table 7 presents information collected about families served at the time of case closure.

**Table 7: Case Closure Information**

<b>Case Closure Information</b>	<b>Number</b>	<b>Percent</b>
<b>Average Number of Days from Referral to Closure</b>	39.99	
<b>Reason Case was Closed</b>		
Child Placed	18	2.6%
Risk to Children Too High	16	2.3%
Child Moved (to live with relative/family friend)	10	1.4%
Family Moved/Left Jurisdiction	13	1.9%
Family Withdrew/Consistently Uncooperative	56	8.0%
Services Completed/Service Period Ended	575	82.5%
Other Reason	9	1.3%
<b>Imminent Risk Child Living Situation at Closure</b>		
Home	1130	85.7%
Relative	96	7.3%
Family Friend	5	0.4%
Social Services	60	4.5%
Mental Health	8	0.6%
Juvenile Justice	5	0.4%
Private Placement	3	0.2%
Other Placement	12	0.9%
<b>Imminent Risk Children Experiencing an Out-of-Home Placement at Closure</b>	88	6.1%
<b>Families Experiencing an Out-of-Home Placement of 1+ Imminent Risk Child(ren)</b>	58	8.3%
<b>Families Referred for Other Services at Closure</b>	598	86.3%

The average IFPS case lasted an average of 39.99 days (5.7 weeks). The majority of cases (83%) were closed successfully when services were completed. Another 11% of cases were closed after the family moved, the child moved to live with a relative or family friend (still considered a “home” placement), the family withdrew, or the family was consistently uncooperative. Only a small percentage of cases (5%) were closed due to child placement or the risk to the child was too high and placement was imminent. A total of 58 families (8%) experienced the placement of the imminent risk child or children. In the judgement of IFPS

workers, sufficient progress was made during the IFPS intervention to permit the children to remain at home in 92% of the families. However, 86% of families were referred to other services at the time IFPS services ended to continue to work on issues after the precipitating crisis was stabilized and risks to the child(ren) sufficiently reduced.

***Families Not Accepted/Appropriate for IFPS***

Each year many families are referred for IFPS but not served. Reporting those data to the state is optional; therefore, this information is likely an underestimate of the total number of families that were referred for IFPS. Table 8 presents summary information about these families.

**Table 8: Families Not Accepted/Appropriate for IFPS**

<b>Families Not Accepted/Appropriate for IFPS</b>	<b>Number</b>	<b>Percent</b>
<b>Number of Families Referred, but Not Served</b>	229	
<b>Reason Families Not Accepted/Appropriate for IFPS</b>		
Caseloads Full	57	24.9%
Unable to Locate within 48 Hours	13	5.7%
Risk too High	9	3.9%
Did Not Meet Referral System Eligibility Criteria	48	21.0%
Family Not Willing to Participate	60	26.2%
Other Reason	41	17.9%
<b>Agency from Which Family Was Referred</b>		
DSS	190	83.0%
Mental Health	14	6.1%
Juvenile Justice	5	2.2%
Other Source	16	7.0%
<b>Total Number of Imminent Risk Children Referred and Not Served</b>	500	
<b>Average Number of Imminent Risk Children per Family Referred and Not Served</b>	2.24	
<b>Family Race</b>		
White	139	60.7%
African American	66	28.8%
Other	17	7.4%

In SFY 2001, at least 229 families and 500 imminent risk children were referred for IFPS and not served. The majority of referrals (83%) came from county Department of Social Services. About one-quarter (25%) of these families were denied services because caseloads were full, and 21% were not served because the family did not meet the referral system eligibility



criteria. Twenty-six percent of families were not willing to participate in services. Most families not served were White (71%), 29% were African American, and 7% were other minorities. If families and children were referred for IFPS and not served, they receive traditional child welfare services from the agency referring them to IFPS.

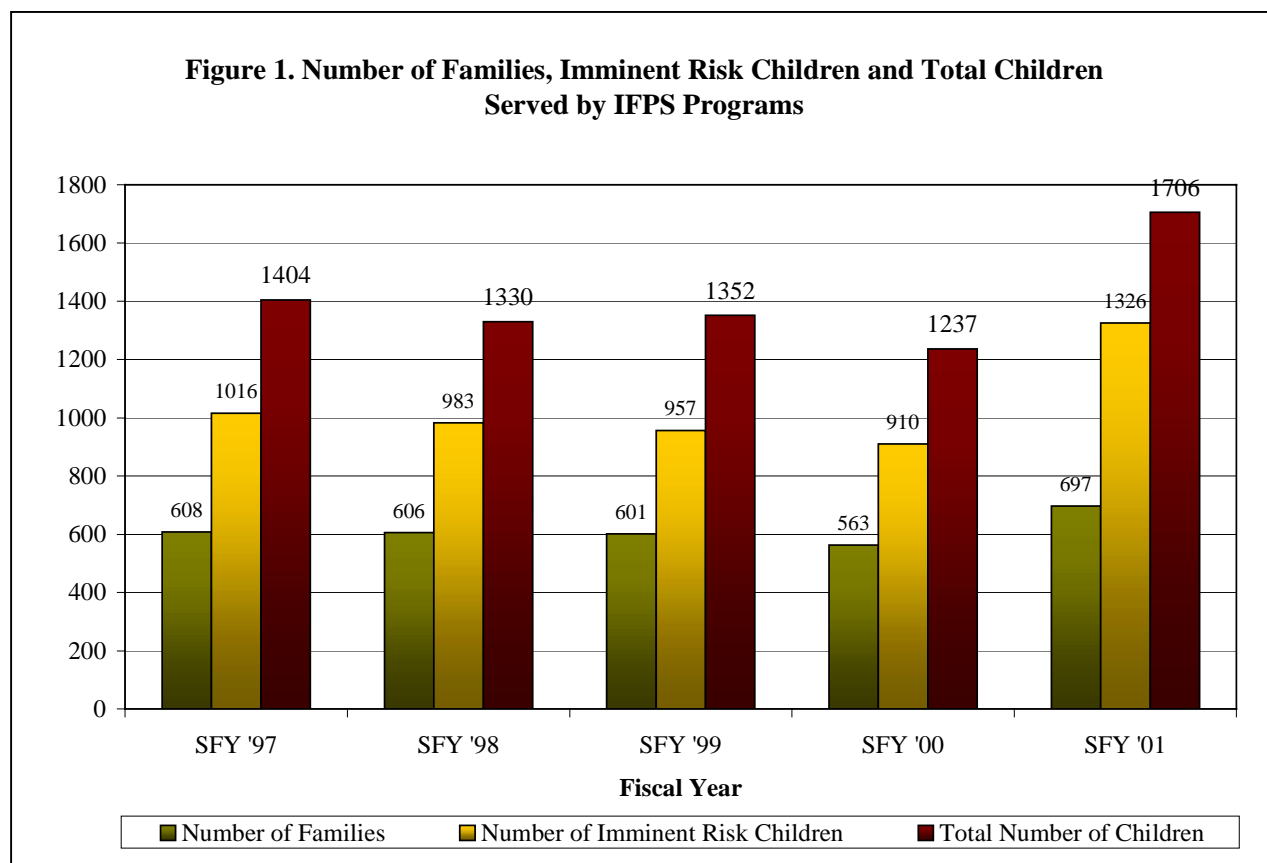
## **Five Year Trend Analysis**

Since the enactment of the Family Preservation Act, North Carolina's IFPS providers have served more than 4700 families. The automated IFPS case record and management information system was implemented in January 1994, and contains detailed information on 4443 families. This large database provides highly reliable estimates of program trends since the system has been operating at "full capacity" for 7.5 years. Findings in this section, unless specifically noted otherwise, relate to the total population of families served in the last five years, SFY 1997 through SFY 2001.

Five-year trend analyses of a number of variables indicate a high degree of stability, and therefore predictability, in a number of areas of interest to IFPS programs, policy executives and the legislature. These analyses also present positive changes to the program where administrative attention has focused on program development.

### ***Number of Families, Caretakers and Children Served***

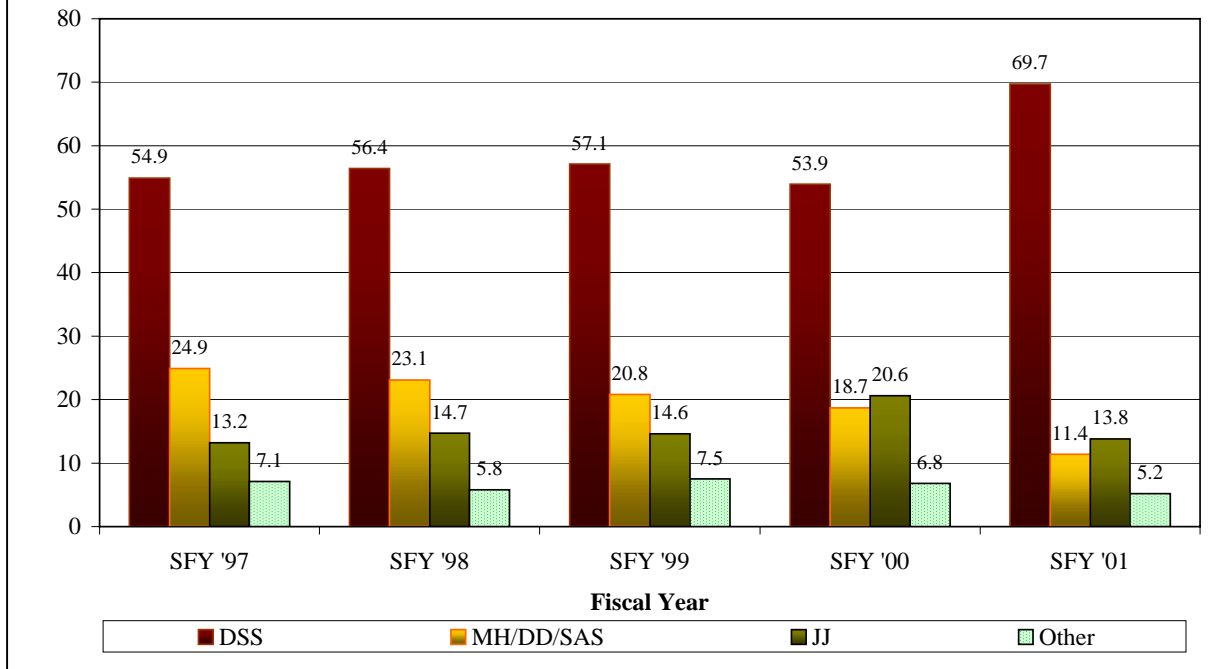
The number of programs offering IFPS services varied only slightly over four of the last five years (21 to 23 programs serving about 38 counties). In SFY 2001 a significant expansion in IFPS programs occurred, bringing the total to 35 programs serving families in 48 counties. Figure 1, next page, presents the number of families, imminent risk children, and total children served annually by IFPS programs. The program has served an average of 615 families per year (range of 563 families in SFY 2000 to 697 families in SFY 2001). The number of imminent risk children served in these families averages 1,038 per year among an average of 1,406 total children served annually.



### ***Referral Source***

Prior to SFY 2001, the sources of referral remained quite constant: between 54% and 57% have come from DSS, 19% to 25% from MH/DD/SAS, 13% to 21% from Juvenile Justice, and only 6% to 8% from all other sources (see Figure 2, next page). In SFY 2001 DSS referrals increased to 70% as a result of most expansion programs serving families from DSS referral sources only. The decline in referrals from MH/DD/SAS and Juvenile Justice can be attributed to the majority of expansion programs being funded to serve children referred from DSS.

**Figure 2. Percent of Families Served by IFPS Referral Source**



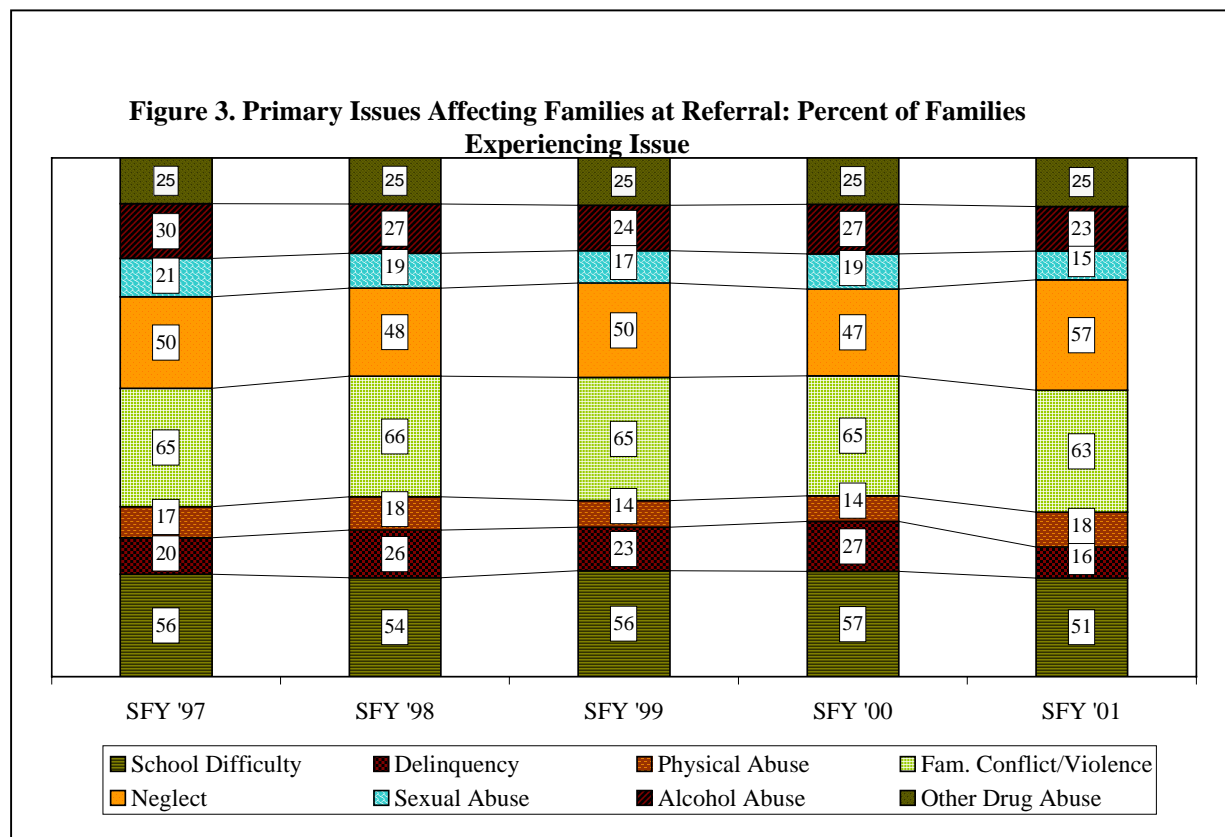
### ***Age and Gender of Imminent Risk Children***

The distribution of ages of imminent risk children has remained stable throughout the last five years: 28% to 35% have been 0-5 years of age, 38% to 45% have been 6-12 years of age, 20% to 27% have been 13-15 years of age, and 3% to 5% have been 16+ years of age. The gender of imminent risk children has been 44% to 49% female, and 51% to 56% male.

### ***Primary Issues Affecting Families at Referral***

The types of problems affecting families has remained quite consistent; these data are presented in Figure 3 (Note that each section of a bar represents the percent of families experiencing a particular problem, and that families may experience multiple problems. Therefore, the bars do not add to 100%, but represent the cumulative percentages of families

experiencing that problem in a given year). The major problem areas involve school difficulty, delinquency, family violence, neglect, and various types of abuse.



The fact that the types of problems being faced by families who are referred to IFPS remain stable from year to year provides valuable information to program administrators with regard to resource allocation, planning for training, development of new intervention strategies, and development of new treatment technologies.

### ***Monetary Assistance***

Lack of financial resources is a major stressor for IFPS families. This variable is not rated on the area of the case record that contributes to the “problem areas” presented in Figure 3, so these data are not part of that Figure. However, IFPS workers identify between 34% and 41% of IFPS families annually as “being without sufficient incomes to meet their basic needs.”

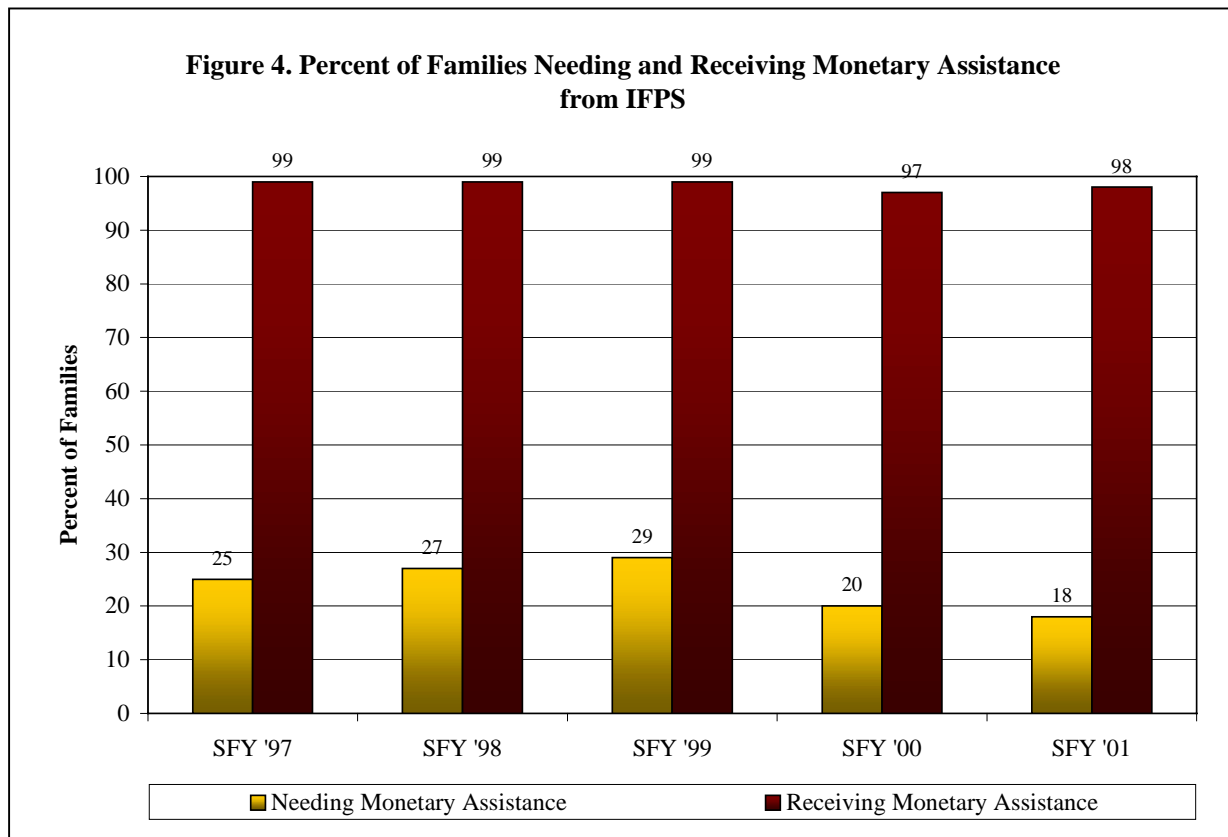
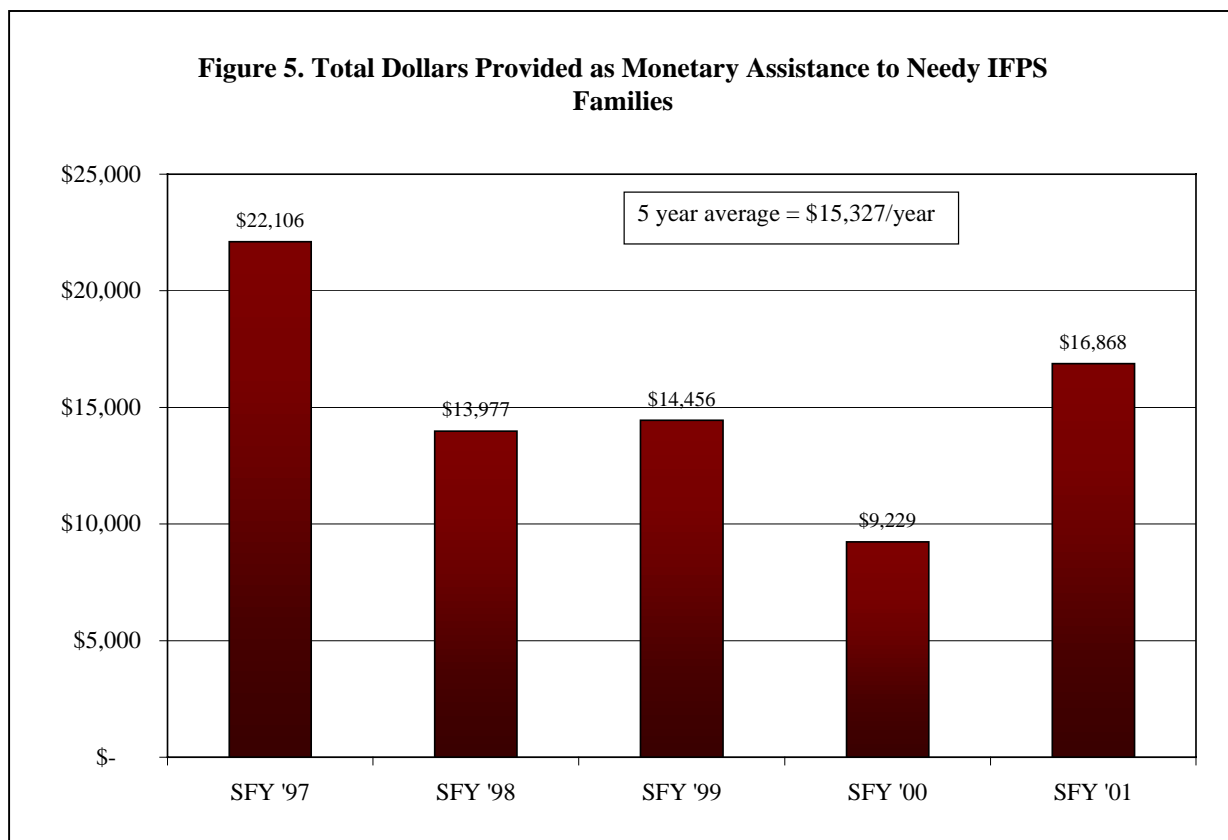


Figure 4 illustrates that the number of families identified as needing monetary assistance has remained fairly constant at 18% to 29% per year (not all families with insufficient incomes are so identified, as income is an optional field for families to complete during the intake process). The percent of families receiving assistance (of those who needed assistance) has also remained constant at 97% to 99% per year.

The provision of monetary resources to these families is one area that has seen a shift over the past five years. Figure 5 (next page) illustrates this change. The amount of money devoted to providing monetary assistance to families in need by IFPS programs declined from a high of \$22,106 in SFY 1997 to a low in SFY 2000 of \$9,229. SFY 2001 was marked by a substantial increase in dollars provided to about \$16, 868. The reasons for the decline and recent

increase are not known. The five-year average of total dollars provided to families in need is \$15,327 per year.

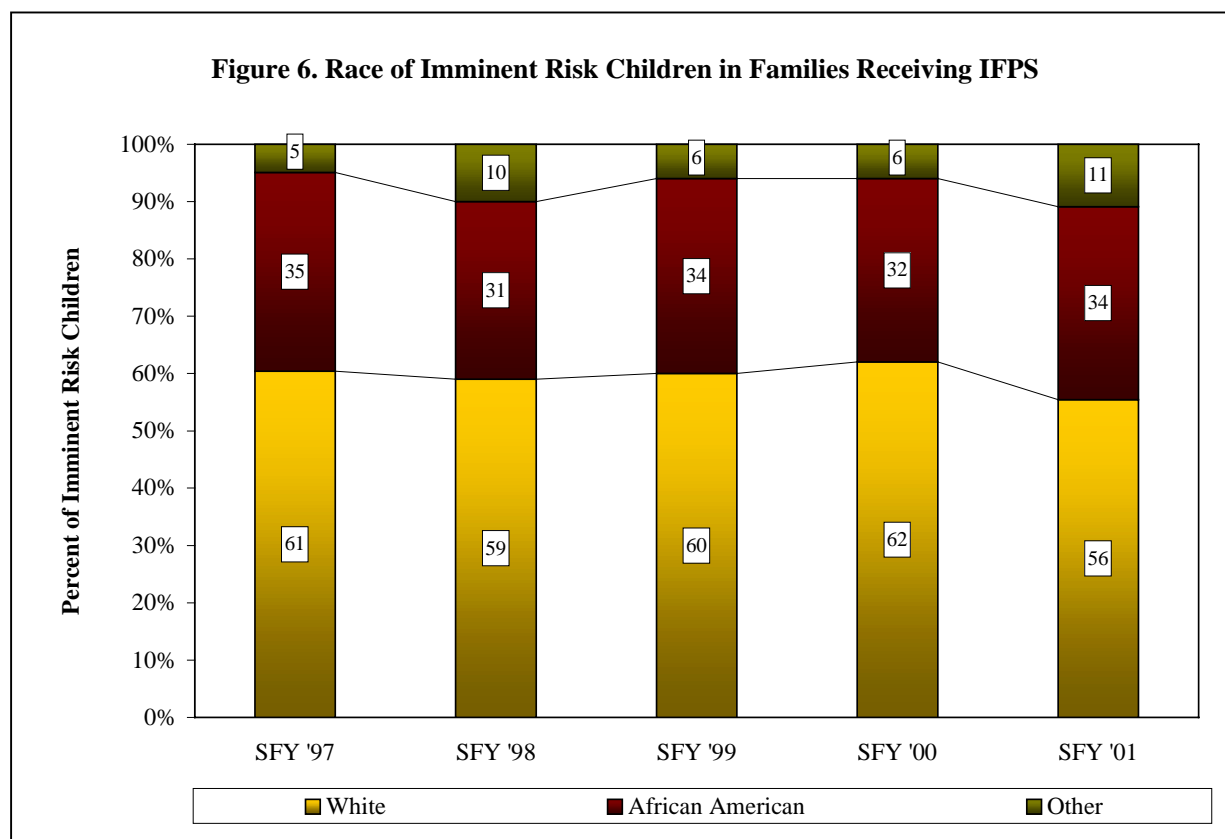


The fact that monetary assistance is available to IFPS families does *not* imply that IFPS is an alternative “welfare” type program. On the contrary, of the 717 families (SFY 1997 through SFY 2001) that have received monetary assistance as part of their IFPS service plan received an average of \$106.88. Rather than resembling a welfare payment, these small amounts of money are a deliberate and focused attempt to alleviate a particular family stressor (e.g., repair of a car or needed appliance, restoration of electricity or telephone service to the home, provide a social or recreational activity intended to enhance family relations).

### ***Race of Imminent Risk Children***

The race of children served by IFPS providers is a variable where substantial changes have occurred. Figure 6 illustrates an interesting pattern of African American and other minority children served by the IFPS program over the past five years.





The race data presented Figure 6 represent an increase in the number of African American children served when compared to SFY 1996 (not shown) where the percentage of African American children served was 25%. During 1996 and early 1997, state staff worked with IFPS provider staff to increase the number of African American children served. It should be noted that IFPS programs do not control their referral sources, and do not recruit or select their own client-families. Therefore, IFPS programs, in turn, had to work with their referral sources and collaborators to achieve the results obtained in SFY 1997 and thereafter. In SFY 1997 the number of African American children served increased to 35% (a 10% increase from the previous year) of all imminent risk children served, statewide. Until SFY 2001, the annual shifts in racial distributions of children served have been small, and are not statistically significant. However, SFY 2001 has seen a significant increase in the percentage of other minority children

served by IFPS programs to an all time high of 11%. This change is accounted for by a statistically significant decrease in the percent of White children served to an all time low of 56%, while the percent African American children served has remained fairly constant at about 34%.

Expansion funds were allocated to DSS during SFY 2001 to expand IFPS throughout North Carolina. The Division focused on expanding IFPS in areas of the state with the highest placement rates. Historically, minority children have been over-represented in the child welfare population. Thus, if successful, the expansion strategy should have resulted in the delivery of IFPS services to larger segments of the minority populations. Data suggest that this strategy was successful. The large majority of children served through IFPS in expansion counties during SFY 2001 were minority, including 52% African American and 12% other minority children.

### ***Placement of Imminent Risk Children***

Another important finding emerged in the trend analysis that relates broadly to the entire child welfare system: even if children are placed out of home at the end of IFPS services, the program data reveal a statistically significant shift in the level of care needed by those children. Presented in Table 9, these data show that just over one half of the children at risk of placement into Mental Health/Developmental Disabilities/Substance Abuse Services or Juvenile Justice facilities at referral, and who are ultimately placed out of home, are placed in those types of facilities (55% and 55% respectively). About one third (31%) of those children “placed” who were originally at risk of MH/DD/SAS placement were able to be placed in foster care. Eight percent of children at risk of Juvenile Justice placement were served in foster care, and an additional 27% at risk of Juvenile Justice placement were placed, instead, in MH/DD/SAS facilities, presumably because they were found to need these services rather than incarceration. On the other hand, about 79% of the children who were originally at risk of placement into foster

care, and who were placed, were placed in that system. A small number (about 7%) of these children were found during IFPS to need MH/DD/SAS services, and a smaller number (1%) were found to need more restrictive Juvenile Justice placement. These differences in placement outcomes, when compared to risk of placement at referral, are highly statistically significant (Chi Square = 351.551; df = 12; p<.001).

**Table 9. Risk of System Placement of Imminent Risk Children at Referral Compared to Living Arrangement After IFPS, For Children Who Were Placed in Out-Of-Home Care, SFY 1997 through SFY 2001**

<b>Living Arrangement After IFPS</b>	<b>Risk of System Placement at Referral</b>				
<b>Count Column %</b>	<b>Social Services</b>	<b>Mental Health</b>	<b>Juvenile Justice</b>	<b>Private Placement</b>	<b>Row Total</b>
<b>Social Services</b>	216 79.4%	20 30.8%	5 7.8%	1 10.0%	242 58.9%
<b>Mental Health</b>	18 6.6%	36 55.4%	17 26.6%	2 20.0%	73 17.8%
<b>Juvenile Justice</b>	3 1.1%	3 4.6%	35 54.7%	0 0%	41 10.0%
<b>Private Placement</b>	10 3.7%	2 3.1%	2 3.1%	6 60.0%	20 4.9%
<b>Other Placement</b>	25 9.2%	4 6.2%	5 7.8%	1 10.0%	35 8.5%
<b>Column Total Row %</b>	272 66.2%	65 15.8%	64 15.6%	10 2.4%	411 100%

## **Family Functioning: North Carolina Family Assessment Scale**

During the spring of SFY 1994-95, the North Carolina Family Assessment Scale (NCFAS) was implemented as a formal part of the IFPS case process and record keeping system. The NCFAS was developed by staff at the Jordan Institute for Families in cooperation with a working group of North Carolina IFPS providers, and is based on a compilation of several assessment instruments used in North Carolina, Michigan, California, and elsewhere.

The development and implementation of the NCFAS has been discussed in previous reports. The report for SFY 1999 discussed the validation study conducted in 1997 and 1998, and the revisions to the NCFAS that resulted in Version 2.0. The complete reliability and validity study has also been published in the professional literature (Research on Social Work Practice, Volume 11, Number 4, July 2001, pages 503-520). The NCFAS V2.0 was implemented statewide on July 1, 1999, and data are now available for 2 full years of service delivery. Therefore, findings in this section relate to the total population of families served in the last two years, SFY 2000 and SFY 2001.

The NCFAS provides information on family functioning in a variety of areas relevant to the typical IFPS family, and provides pre-service and post-service information in order to measure change that occurs during the IFPS service period. Changes in family functioning that occur during this period are related to stressors impacting families, which in turn, impact their ability to remain united at the end of the service period.

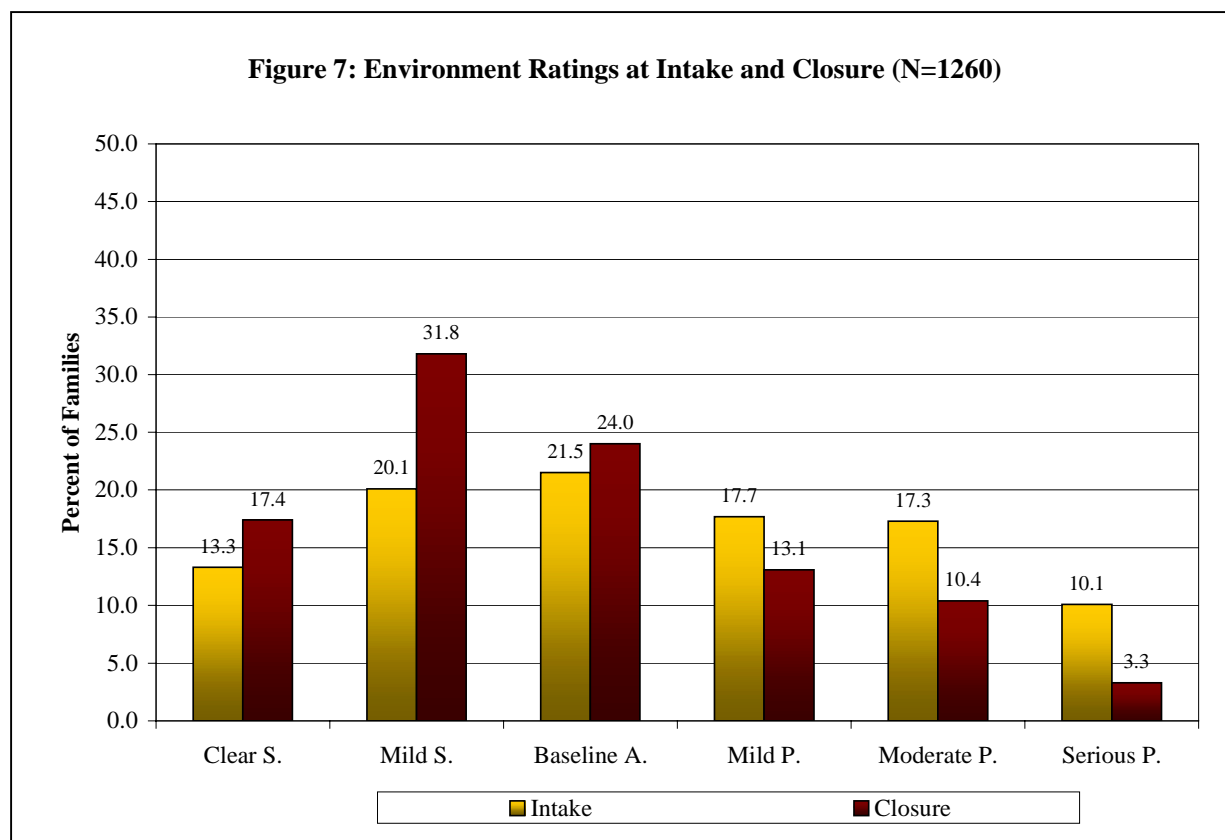
The NCFAS examines five broad areas of interest and a number of more specific sub-areas. The broad areas, referred to as domains, include: Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. Each of these domains comprises a series of sub-scales. For example, the domain of Environment includes sub-scales on housing stability, safety in the community, habitability of housing, income/employment, financial

management capability, adequacy of food and nutrition, personal hygiene, availability of transportation, and the “learning” environment.

Assessments are made by IFPS workers at the beginning of the service period and again at the conclusion of service. The data of interest include both the absolute ratings at intake and closure and the change scores derived between the two assessment periods. For example, if a family received a rating of “-2” on the Environment domain at the beginning of service and received a “+1” at the end of service, the change score is +3, indicating movement of three scale increments in the positive direction. The change score is derived independently from the actual position of the scores on the scale; that is, a change from “0” to “+2” is considered to be of the same magnitude as a change from “-3” to “-1”, or +2 in both cases. This strategy is deliberate in that the change scores may indicate a meaningful change in the status of the family, or of the trajectory of the family (i.e., deterioration to improvement), while at the same time acknowledging that not all problems can be resolved completely during a brief intervention.

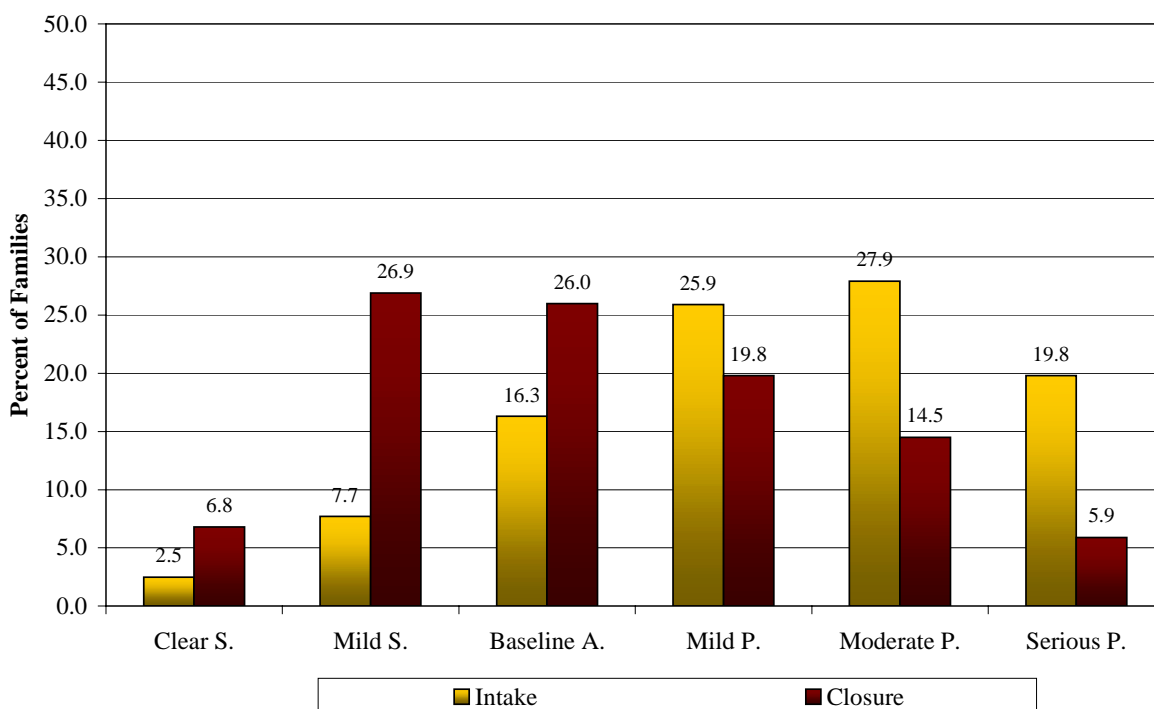
Figures 7 through 11 present the aggregate intake and closure ratings for the 5 domains on the NCFAS V2.0. The findings from the NCFAS 2.0 obtained in SFY 2000 and 2001 are quite consistent with expectations, based on the results of the reliability and validity study.

Beginning with Figure 7, next page, it can be seen that the majority of families do not enter services with problem ratings in the area of Environment. Fifty-five percent of families are rated as being at “Baseline/Adequate or above” at intake. At closure, three quarters (73%) of families are “Baseline/Adequate or above.” Families not rated as having environmental issues to resolve at intake also are not likely to have case plans focusing on those issues. However, there was substantial movement of the aggregate data towards the positive end of the scale: the proportion of families rated as having serious environmental problems was reduced from 10% to 3%, and those rated as having moderate problems were reduced from 17% to 10%.



The Parental Capabilities domain on NCFAS V2.0 is closely related to the former “Parent/Caregiver Characteristics” domain on the earlier versions of the NCFAS, but focuses more specifically on skills. Like its predecessor, it reflected a pattern of marked change in families as a result of receiving IFPS services. At Intake, 73% of families are rated in the “problem” range, with nearly half of families (48%) rated in the “Moderate to Serious” range. After services, more than three fifths (59%) are rated as “Baseline/Adequate or above.” These data are presented in Figure 8, next page.

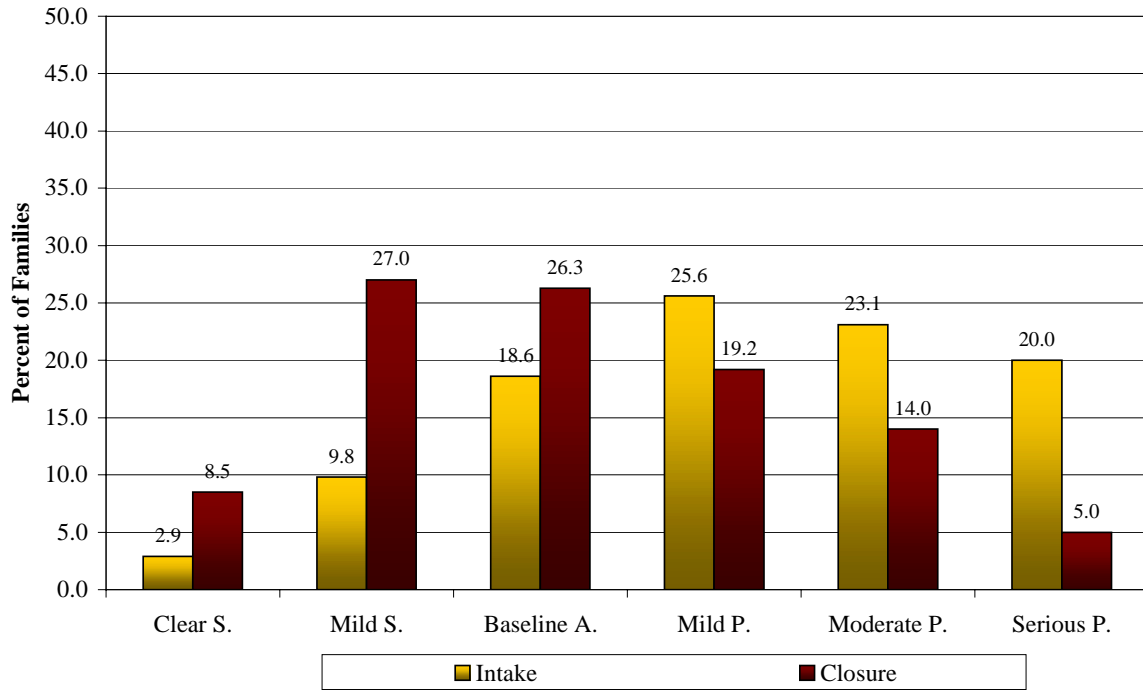
**Figure 8: Parental Capabilities Ratings at Intake and Closure (N=1260)**



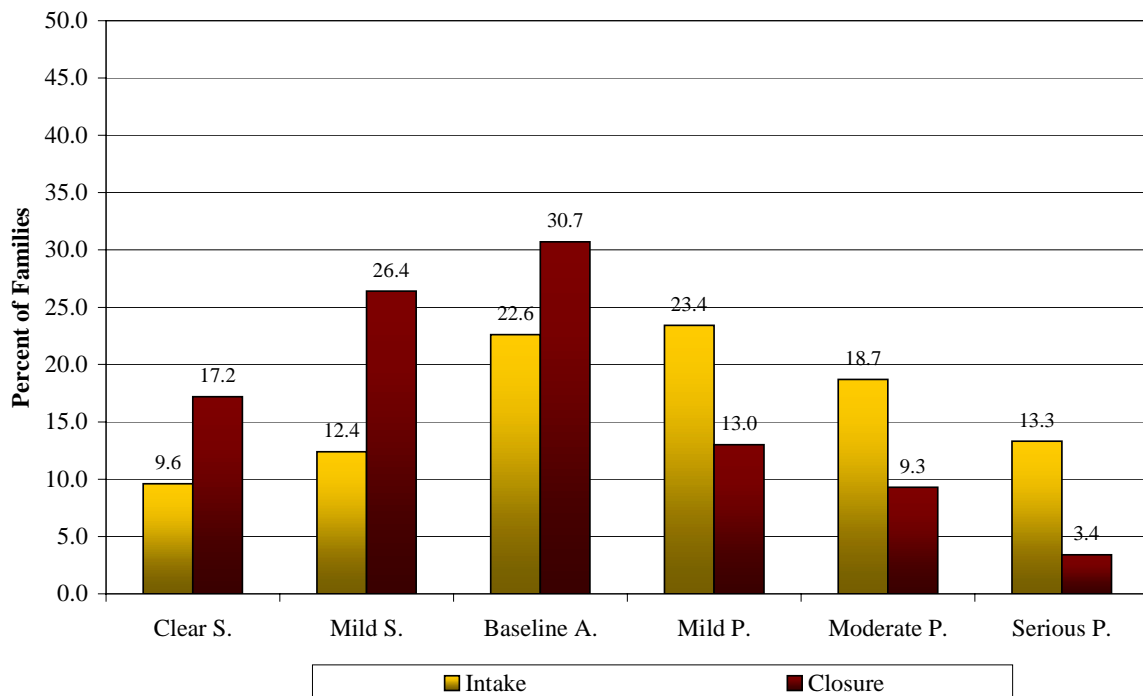
The Family Interactions domain is largely unchanged from the previous NCFAS version, and the domains' detection of change in this area remains strong. Fully 68% of families are rated in the “problem” range at intake on their interaction patterns and behavior, but only 38% are still rated in the “problem” range at closure. These data are presented in Figure 9, next page.

The domain of Family Safety is largely new to the NCFAS, resulting from the factor analysis of NCFAS data from previous years. The issue of assessing family safety is very important, as child safety is the chief concern in IFPS interventions, and is also paramount in making the “placement/no placement” recommendation at the end of service. The data gathered on the families served in SFY 2000 and 2001 relating to this domain show shifts in Family Safety similar to shifts observed in Family Interactions and Parental Capabilities.

**Figure 9: Family Interactions Ratings at Intake and Closure (N=1260)**



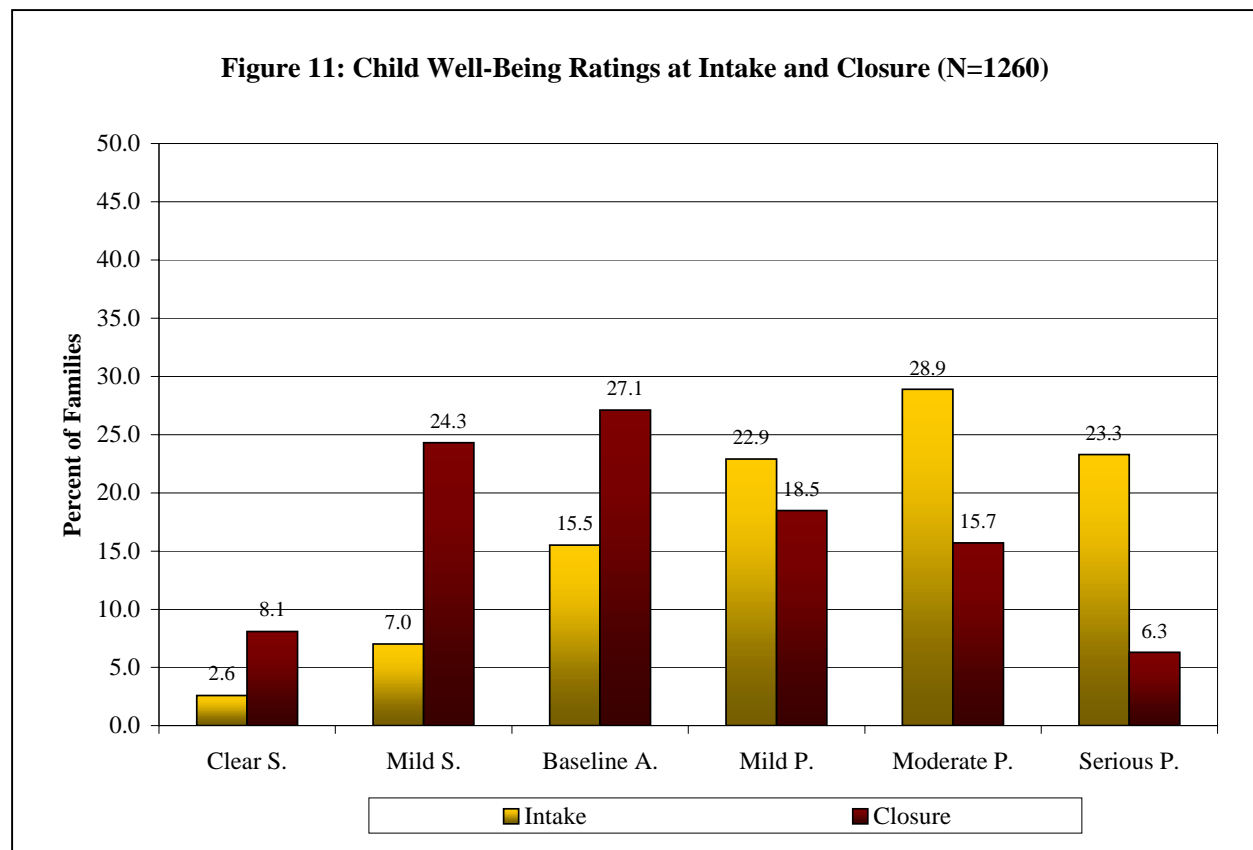
**Figure 10: Family Safety Ratings at Intake and Closure (N=1260)**





A slight majority of families (55%) are rated in the “problem” range at intake; this proportion is reduced to a quarter (25%) at the time of case closure. These data are presented in Figure 10, previous page.

The final domain of assessment on the NCFAS is Child Well-Being. This domain on Version 2.0 is only slightly changed from previous versions of the NCFAS. These data are presented in Figure 11, below.



The assessed changes in Child Well-Being are large, and are consistent with previous assessment efforts on this domain. The large majority (74%) of families are rated as having problems in this area at the beginning of service. In fact, a majority of families (52%) are rated as having a “Moderate to Serious” problem. This is not altogether surprising since Child Well-Being issues, along with Family Safety Issues are likely to be the issues that bring the family to the attention of the referring agency in the first place. However, at the close of services, about

three fifths (59%) of families are at “Baseline/Adequate or above,” and about one third (32%) are rated in the “strengths” range.

Taken as a whole, the ratings on the NCFAS domains reflect the capacity of the IFPS programs to influence parental skills, safety, interaction patterns and behavior, and child well-being to a substantial degree. Changes on environmental factors, while evident, are less dramatic. This is due, at least in part, to the lower level of need recorded on this domain. These findings, coupled with the low placement rates in the treatment population, contribute to the concurrent validity of the NCFAS V2.

The aggregate data presented in the preceding figures indicate the “population” shifts following receipt of IFPS services, but do not indicate the degree of change in individual families. To examine individual family change requires the analysis of the change scores derived on each domain for each family in the cohort. The specific changes that occurred on each of the domains for the 1,260 families served during the last two years are presented in Table 10, below.

**Table 10. Level of Change Experienced by Families on Each Domain of the North Carolina Family Assessment Scale During IFPS**

Domain	Level of Change Per Family (Percent of Families) N=1260				
	-1 or more	0 (no change)	+1	+2	+3 or more
Environment	3.8%	53.9%	28.3%	8.7%	5.2%
Parental Capabilities	3.5%	29.8%	39.1%	18.1%	9.4%
Family Interactions	4.0%	33.6%	37.0%	14.8%	10.6%
Family Safety	3.5%	41.6%	31.0%	14.8%	9.2%
Child Well-Being	3.1%	32.6%	33.7%	17.4%	13.2%

These same data are presented graphically in Figure 12, next page. It can be seen in the graph that slightly more than half of families (54%) do not change on the domain of Environment, but that approximately 1/2 to 2/3 of all families improve on the remaining domains: Parental Capabilities, Family Interactions, Family Safety and Child Well-Being. Most

of the improvement recorded is incremental (+1 or +2 scale intervals), although 5%-13% of all families improved 3 or more scale intervals. Because the NCFAS employs a 6-point scale, ranging from “serious problem” to “clear strength”, a 3-point shift during a brief intervention is very large. Note also that a few families (3%-4%, depending on the domain) deteriorate during IFPS services. Deterioration on any domain significantly increases the likelihood of placement at the end of service.

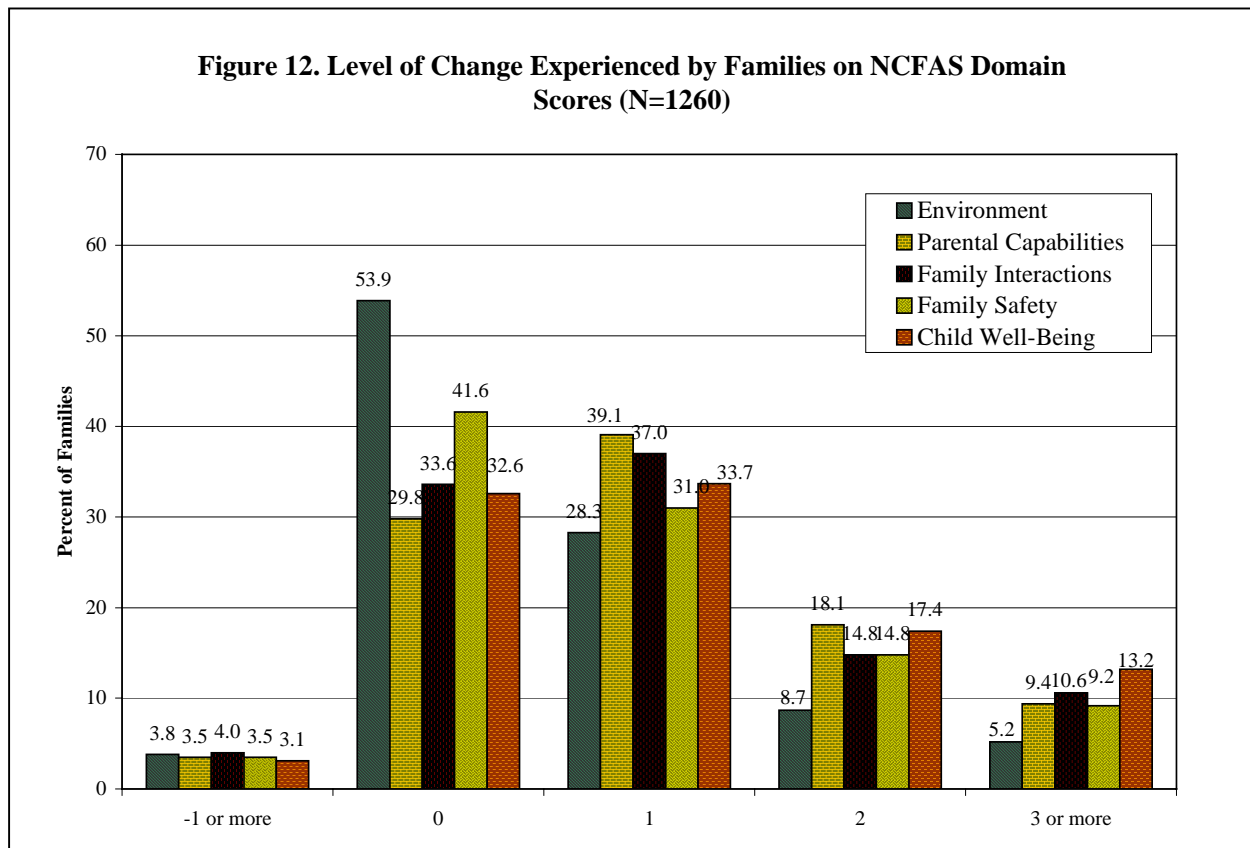
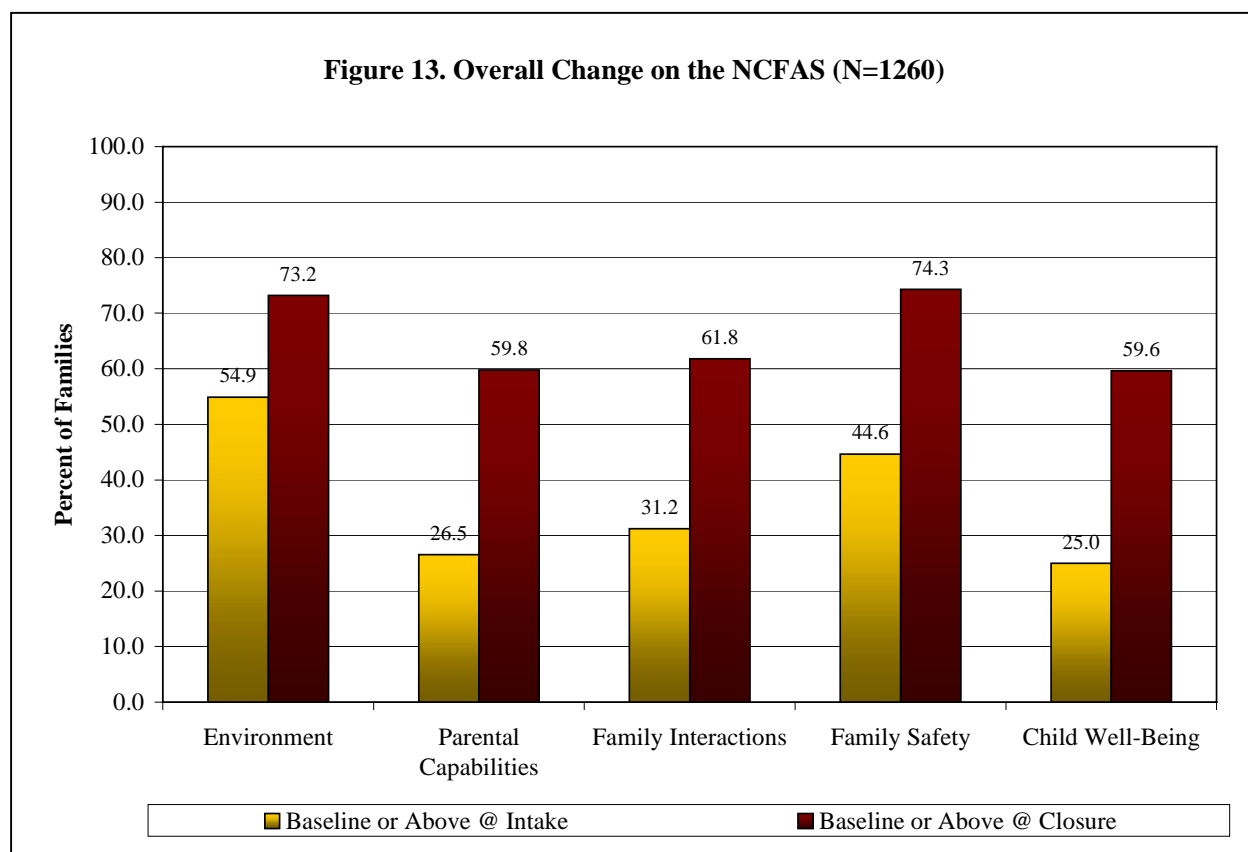


Figure 13 shows the percent of families rated at “Baseline/Adequate or above” at intake and closure. Each “intake/closure” comparison indicates substantial positive change in the population of families served, although approximately one quarter to two fifths of families remain below baseline (i.e., in the problem range of ratings) on one or more domain at the time of case closure.



Compelling changes in domain score ratings are noted on all five domains. While the movement that families experience on the NCFAS ratings during IFPS services is interesting in its own right, it is more meaningful when the changes in the scale scores are related to other treatment outcomes. Of particular interest is the relationship between NCFAS scores and placement prevention.

When the closure scores on the NCFAS are cross tabulated with placement *a positive, statistically significant relationship is observed between strengths and the absence of placement, and between problems and out-of-home placement* on all domains. On each of the domains, families in the “baseline/adequate to strengths” range at IFPS service closure are statistically over represented among families that remain intact. Similarly, at the end of service, families in the problem ranges at IFPS service closure are statistically over represented in families where an out-

of-home placement occurred during or after IFPS service. The strength of these relationships is quite compelling. For the 1260 families served during SFY 2000 and 2001, the results are:

- for Environment: Chi Square = 38.150, df = 5,  $p < .001$ ;
- for Parental Capabilities: Chi Square = 66.642, df = 5,  $p < .001$ ;
- for Family Interactions: Chi Square = 85.530, df = 5,  $p < .001$ ;
- for Family Safety: Chi Square = 102.226, df = 5,  $p < .001$ ; and
- for Child Well-Being: Chi Square = 103.148, df = 5,  $p < .001$ .

These results indicate that *IFPS interventions are capable of improving family functioning across all the measured domains, albeit incrementally, and these improvements in family functioning are statistically associated with placement prevention.* These are important findings to IFPS providers, administrators, policy executives and the legislature, not only in North Carolina, but also throughout the country. They are important because the “prevention” of these placements is linked to measurable changes in family skills, strengths, circumstances, support, interaction patterns and a variety of other factors that comprise “family functioning.”

It should be noted that these statistical relationships are obtained even though the number of children who are placed out of home at the end of IFPS service is very small, and placement decisions may be influenced by a variety of factors *outside the control of IFPS programs.* Both of these factors tend to mitigate the strength of the statistical relationships, yet they remain strong.

It is noteworthy that most families, regardless of their intake ratings across all five domains, improve only incrementally on two or three domains. Indeed, families may remain in the “problem” ranges on one or more domains, even after IFPS. It should not be surprising that families do not change on all domains, because families are not likely to have service plans that focus on all domains.

There is preliminary evidence that, irrespective of “raw scores”, improvements in the domains of Family Interactions, Family Safety, and Child Well-Being are most predictive of placement prevention. The relationships among these variables are complicated. Understanding the relationships among domains, determining which domains are most important to influence, predicting the likelihood of success of influencing each of them, and other explanatory factors will be the subjects of future study as the number of families assessed with NCFAS V2.0 increases.

### **Effectiveness of IFPS at Delivering Services to Minority Populations**

A special race analysis was conducted this year to determine if IFPS is successful in serving African American and other minority children at risk of out-of-home placement for abuse and neglect in proportion to substantiated CPS cases. Since it is already known that African American children are over-represented in out-of-home placements in North Carolina, it is important to know if IFPS is serving minority children in proportion to their representation in the CPS population.

To conduct this special analysis, data were collected from the most recently available CPS figures of substantiated cases of child abuse and neglect (SFY 2000). These data were then compared to those imminent risk children served by IFPS in SFY 2001 from a DSS referral source (this population of children represents a group comparable to the CPS population—those at-risk for reasons of abuse and/or neglect). Table 11 presents these findings.

**Table 11. Race of Children from Substantiated CPS Cases in SFY 2000 Compared to Race of Imminent Risk (IR) Children Served by IFPS in SFY 2001**

	<b>White</b>	<b>African American</b>	<b>American Indian</b>	<b>Hispanic</b>	<b>Asian</b>	<b>Multi-Racial</b>	<b>Other</b>
<b>CPS Substantiated Cases, SFY 2000</b>	52% 16,416	37% 11,797	2% 659	8% 2484	1% 211	1% 168	0% 93
<b>IFPS Cases, SFY 2001, IR Kids from DSS Referral Source Only</b>	50% 531	37% 395	3% 28	2% 24	1% 5	7% 75	1% 10

This analysis confirms that with the exception of Hispanic children, IFPS programs serve African American and other minority children in proportions equal to those in the CPS population. African American children represent 37% of the CPS population substantiated for abuse and/or neglect and 37% of the imminent risk children served by IFPS. The proportion of

White children served by IFPS is 2% lower than the proportion of substantiated CPS cases. It does appear, however, that the Hispanic population might be under-represented in the proportion of families served by IFPS, and the percent multi-racial is proportionally higher in the IFPS population. These differences in other minority percentages might be accounted for by variations in data coding from the different data sources, small N's in several categories, or differences in the availability of IFPS services in parts of the state with larger minority populations.



## **Retrospective Study of Effectiveness of IFPS**

Session Law 1999-237 required the Department of Health and Human Services, Division of Social Services, to develop a revised evaluation model for current and expanded IFPS Programs. The evaluation was to be scientifically rigorous, including the use of treatment control groups, to include a review and description of interventions provided to families as compared to customary services provided to other child welfare families and children, and to collect data regarding the number and type of referrals made for other human services and the utilization of those services. In light of the session law, the Division deemed it appropriate to conduct a study.

The original retrospective study was funded during SFY 2000 and a comprehensive report was produced, titled: *A Retrospective Evaluation of North Carolina's Intensive Family Preservation Services Program*. The report is available on the World Wide Web at <http://ssw.unc.edu/jif/publications/reports.html>.

Generally speaking, the retrospective study revealed that IFPS outperformed traditional child welfare services when the comparison groups included the high-risk families that IFPS is intended to impact. In fact, the more risk factors present in any comparison (e.g., high-risk families that had experienced previous out-of-home placements and also had two or more prior substantiated reports) the more effective was IFPS when compared to traditional services. In each case when risk factors were controlled, IFPS resulted in lower initial placement rates and delayed placement patterns following service completion. Conversely, when risk factors were not controlled during the analyses, IFPS did not always outperform traditional services. The placement rates and patterns evident in the survival curves used to analyze the data suggest that secondary interventions or additional services should be offered at 5 to 6 months post-IFPS in those cases that concluded without a placement being made. The results of the study strongly supported the continued use and expansion of IFPS with respect to high-risk families.

As noted previously in this report, SFY 2001 was marked by an expansion of IFPS programs as well as changes in the Policies and Procedures to ensure that IFPS services are delivered to the highest risk families. In light of the encouraging findings from the Retrospective Evaluation of North Carolina's Intensive Family Preservation Services Programs, the state also expanded its evaluation activities to include an on-going retrospective evaluation of North Carolina's families.

During SFY 2001, efforts were undertaken to continue the retrospective study of the effectiveness of IFPS on an on-going basis. The research model continues to employ a retrospective examination of the population of families that did and did not receive IFPS. This approach continues to be preferable to other designs because it avoids the problems of using prospective, randomized assignment to experimental and control groups; a problem experienced by other researchers that has likely contributed to their inability to detect the treatment effects of IFPS.

The retrospective design requires the merger of data from several statewide information systems for DSS referred families. These data sources include the IFPS-specific information residing in the IFPS MIS, the CPS risk assessment information residing in the North Carolina Child Abuse and Neglect System (NCCANS) database, and the child placement information residing in the Automated Foster Care and Adoption Reporting System (AFCARS) database. The study population in SFY 2001 includes all families receiving their first IFPS intervention between July 1, 1994 and March 31, 2000. The comparison population includes all other families in North Carolina *in counties offering IFPS services* with a child who experienced their first substantiated report after July 1, 1993 and before March 31, 2000. The comparison families had not received IFPS services. The end of the tracking period is limited to March 31, 2000 because this is latest date for which the necessary one-year placement data is available in the

timeframe necessary to conduct this study. *Only families rated as “high” on the standardized CPS risk assessment are retained for the study.* The study sample includes 545 high risk families that received IFPS, and the comparison group includes 15,644 high risk families in IFPS counties that did not receive IFPS services.

For families receiving IFPS services, the substantiated report closest in time, and before referral to IFPS, is selected as the report linked to the family IFPS intervention. For comparison families with more than one substantiated report in the study period, the substantiated report linked to the family is selected randomly in proportion to the substantiated report number that is linked to the IFPS intervention for IFPS families. The outcome measure of interest, “time to placement”, is computed from the date of referral to IFPS for IFPS families, and from the date the substantiated report was made for the comparison families. Further, any variable presented based on the “prior” occurrence of an event is calculated from the same reference date as “time to placement”.

Analyses of these data support the findings from the original retrospective study conducted in SFY 2000. The data suggest that disproportionately more serious types of families are being referred for IFPS services (this has now been institutionalized with the implementation of policy that requires a ‘high’ risk rating for referral to IFPS). Specifically, IFPS families are more than twice as likely to have experienced one or more prior substantiated reports (39.3% to 17.1%, chi-square=176.661, df=1,  $p<.001$ ), and IFPS families are almost three times more likely to have experienced one or more prior high risk substantiated reports (15.6% to 5.4%, chi-square=100.636, df=1,  $p<.001$ ). Further, IFPS families are statistically significantly more likely to have experienced one or more prior spells under placement authority (7.5% to 1.3%, chi-square=134.198, df=1,  $p<.001$ ). The fact that IFPS providers serve the highest risk cases in counties that offer the service makes it that much more impressive that positive treatment

outcomes are observed for IFPS families. The analyses that follow will demonstrate the positive treatment effect of IFPS as well as demonstrate that when risk factors are controlled for, the IFPS treatment effect becomes even more dramatic.

Event history analysis, or survival analysis, is employed to assess differences in placement patterns for families in this study. This analytic technique is desirable because it is able to account for the dynamic nature of time. Rather than calculating the difference in placement rates at the end of a one-year follow-up period, survival analysis computes the relative risk of placement over time. This technique allows for changes in the rate of placement to be observed over time. The following series of survival curves display the positive treatment effect of IFPS on both the prevention and the delaying of placements following cases of substantiated maltreatment.

Figures 14 through 19 display survival curves. Each figure displays the proportion of children being placed out-of home within one year from the date the family was referred to IFPS for families receiving IFPS, or within one year from the date of the substantiated report for families in the comparison group. The higher the curve goes during the measurement period, the *worse* the placement outcomes for the population represented in the curve.

Figure 14 shows that the IFPS and non-IFPS groups have similar placement rates at 365 days, about 28% of families experience a placement in both groups. However, IFPS families have a lower placement rate until about 330 days. This curve demonstrates the overall positive treatment effect for IFPS for 330 days. If placement outcomes were only measured at 365 days, it would have appeared that IFPS had no effect on placement outcomes.

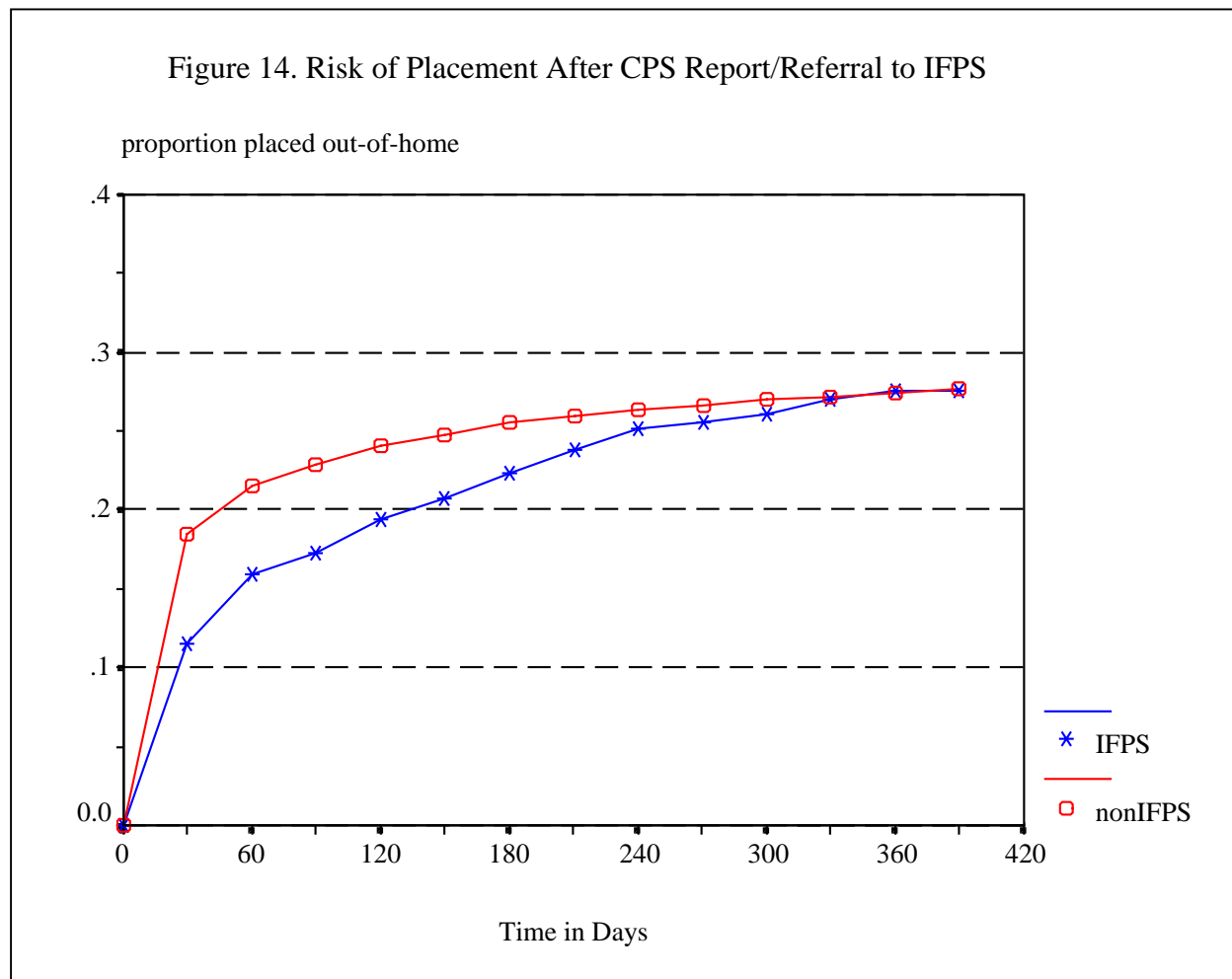


Figure 15 displays the survival curves for IFPS and non-IFPS families that have had one or more prior spells under placement authority. When prior placement authority is controlled for, IFPS statistically significantly reduces the rate at which children enter out-of-home placements (Wilcoxon=6.664, df=1,  $p<.05$ ). At 365 days, only about 22% of IFPS families have experienced a placement compared to about 42% of non-IFPS families.

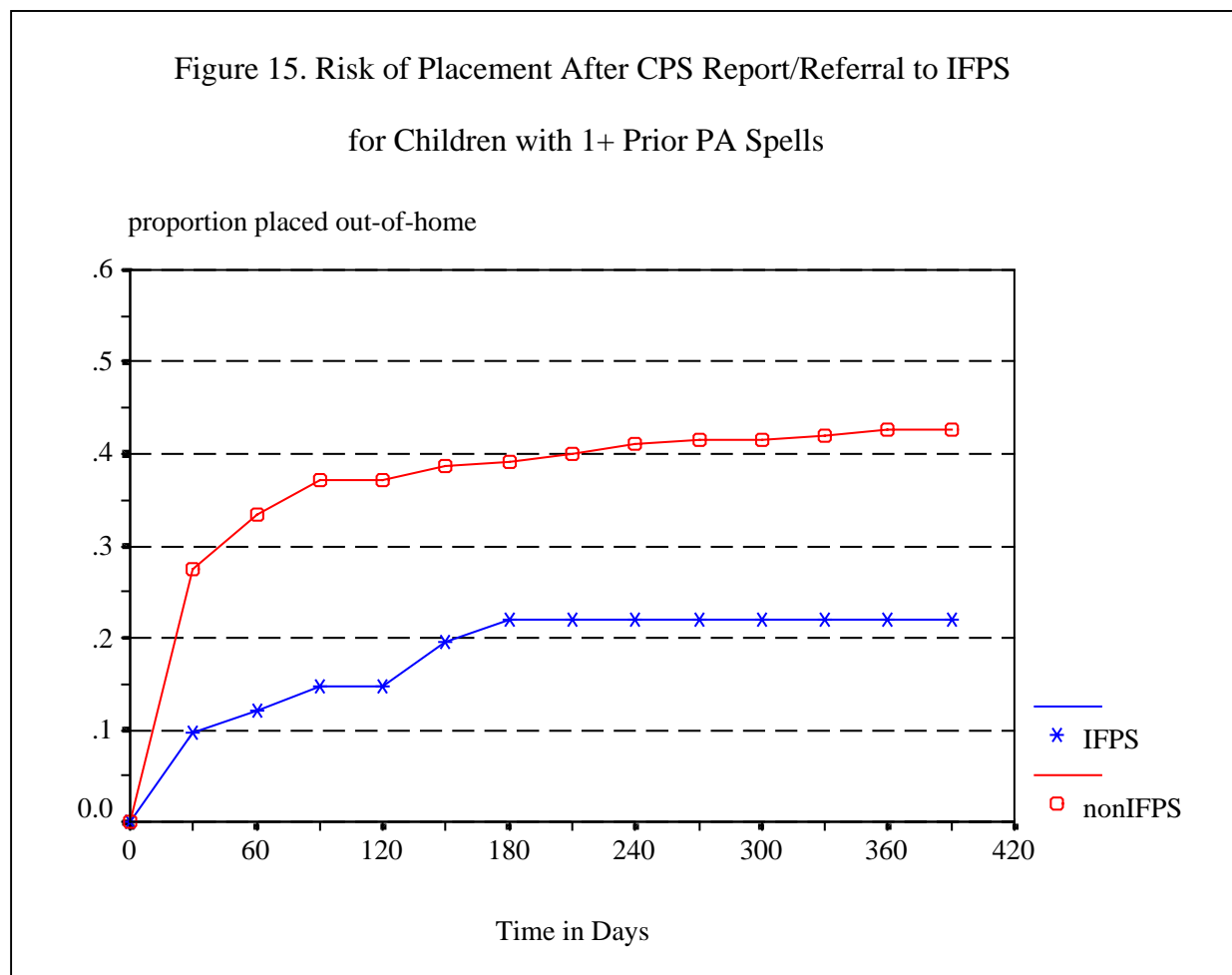


Figure 16 displays the survival curves for IFPS and non-IFPS families that have had one or more prior substantiated reports. When prior substantiated reports is controlled for, IFPS statistically significantly reduces the rate at which children enter out-of-home placements (Wilcoxon=8.523, df=1,  $p<.05$ ). At 365 days, only about 32% of IFPS families have experienced a placement compared to about 38% of non-IFPS families. It can be seen from the curve that the observed treatment effect of IFPS is greatest until about 240 days, at which time it essentially parallels traditional child welfare service programs but maintaining about a 6% lower placement rate throughout the remainder of the 365 day measurement period.

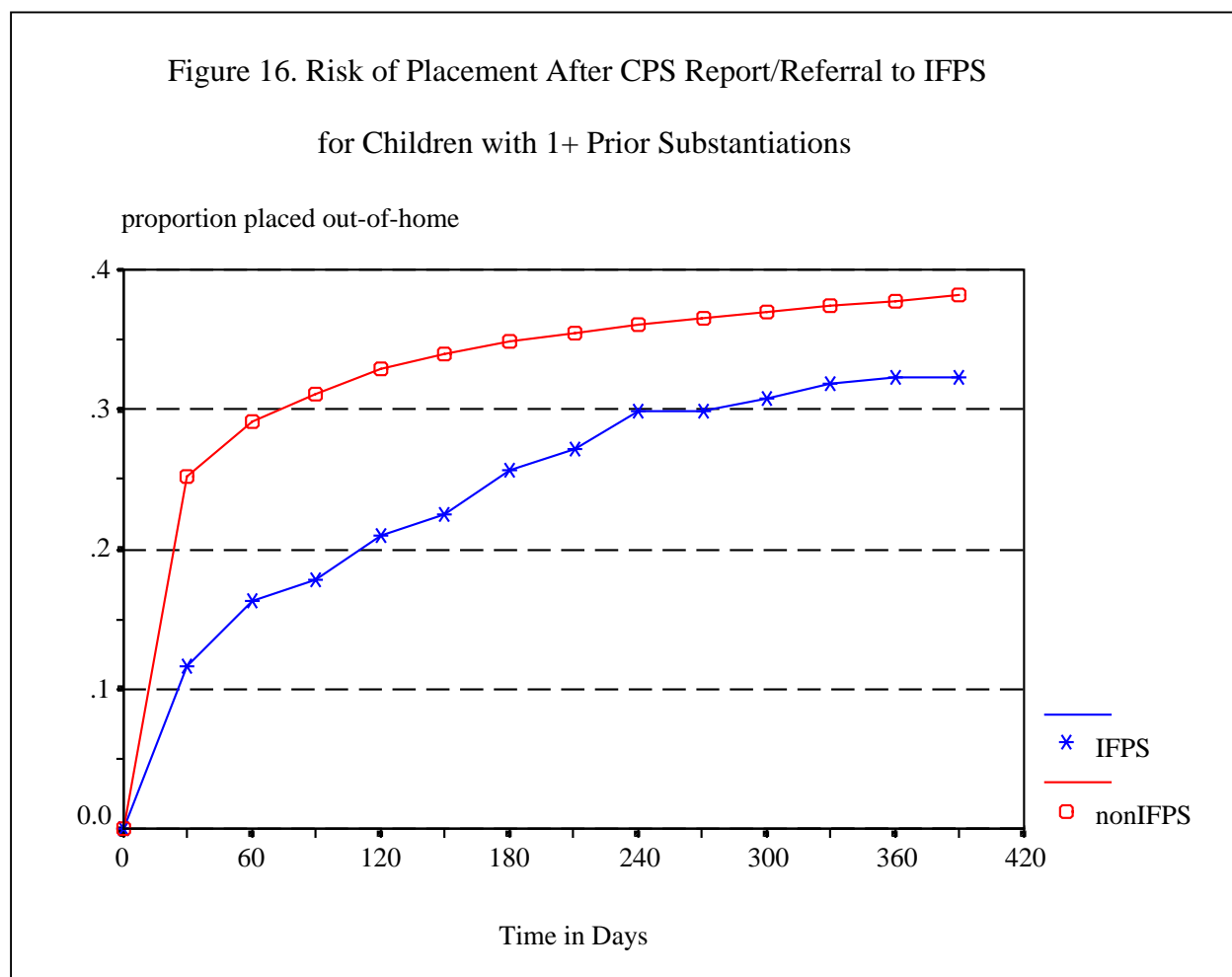
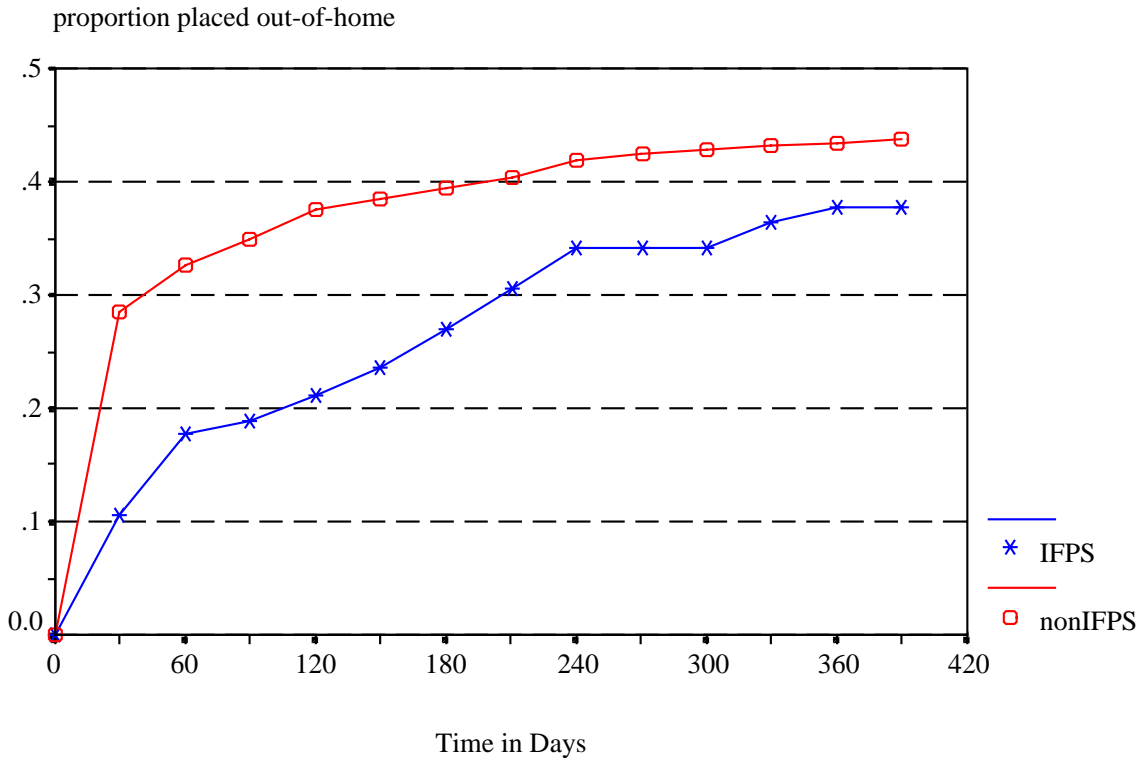


Figure 17 displays the survival curves for IFPS and non-IFPS families that have had one or more prior high-risk substantiated reports. When prior high-risk substantiated reports is controlled for, IFPS statistically significantly reduces the rate at which children enter out-of-home placements (Wilcoxon=5.422, df=1,  $p<.05$ ). At 365 days, only about 38% of IFPS families have experienced a placement compared to about 44% of non-IFPS families. This picture displays a very similar pattern to that in Figure 16 in that the observed treatment effect of IFPS is greatest until about 240 days. After this point, the curves are essentially parallel, with IFPS outperforming non-IFPS services by about 6%.

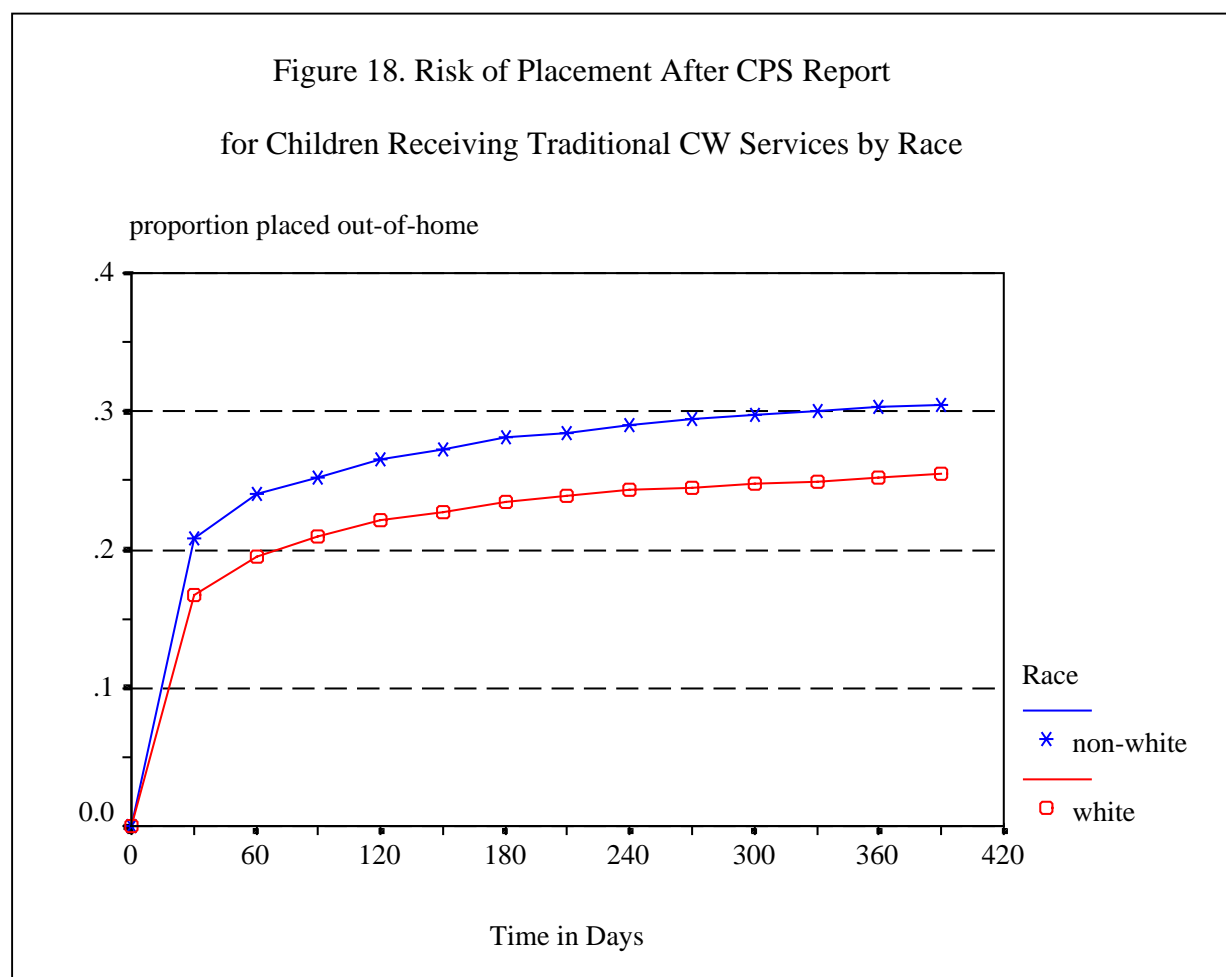
Figure 17. Risk of Placement After CPS Report/Referral to IFPS  
for Children with 1+ Prior Hi Risk Substantiations



These curves demonstrate that when the risk factors are accounted for in both the treatment and comparison groups, IFPS statistically significantly outperforms traditional child welfare services in every case by reducing the number of placements and/or delaying placements at 365 days. Further, these treatment effects are even larger at 180 days. It is important to note that some of the positive treatment effects produced by IFPS interventions diminish in the closing days of the one-year measurement period used in this study. The shapes of these curves suggest the need for policy review and possible implementation of follow-up interventions in IFPS cases to sustain and prolong the initial treatment effects. Perhaps a mandatory “booster shot” of services, or at least the offer of services at four months or six months post-IFPS would

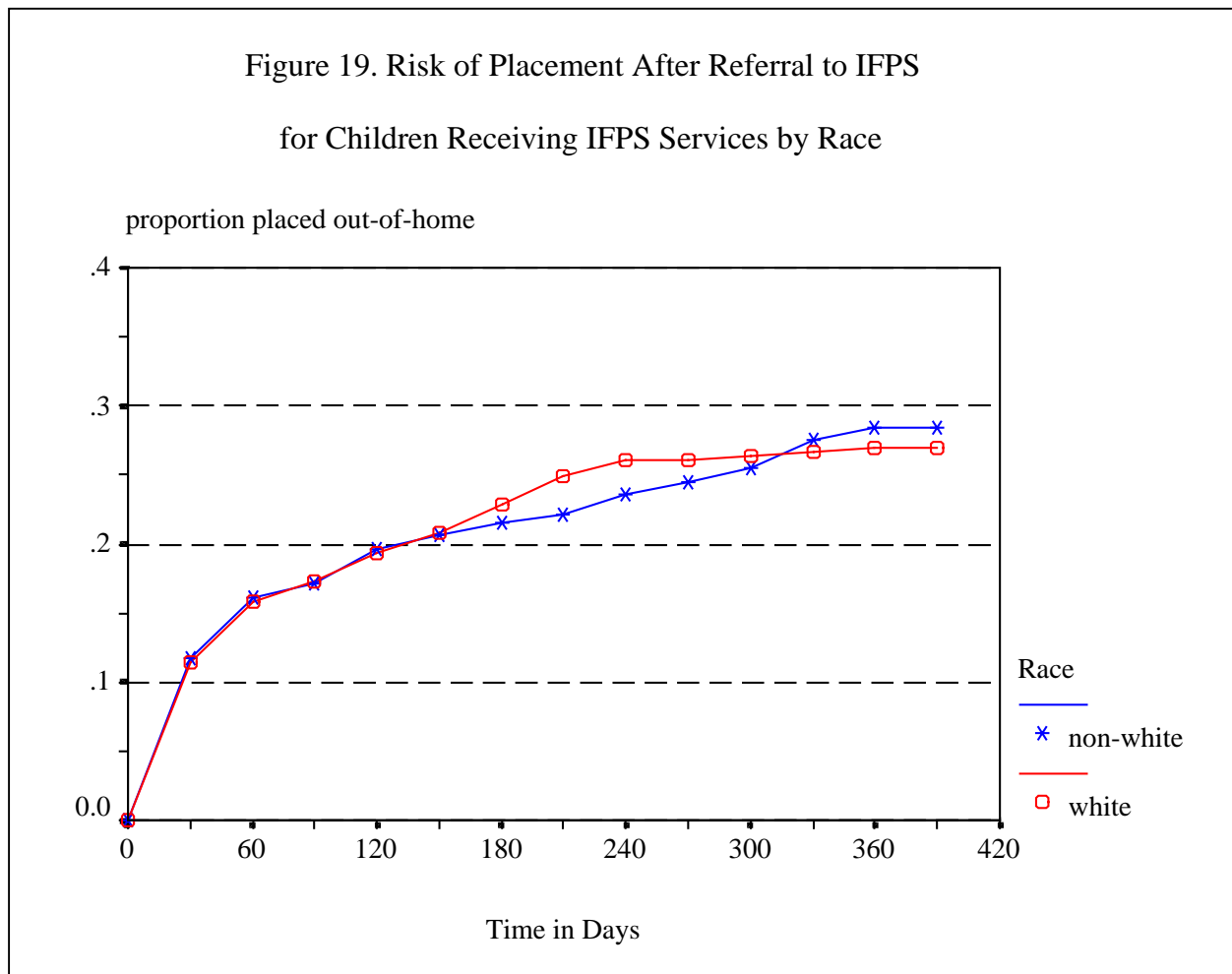


make services available at critical junctures in family development after the receipt of intensive home-based services.



Figures 18 and 19 present a special survival analysis aimed at examining the effectiveness of IFPS at mitigating racial differences in the placement patterns of high risk children. Figure 18 shows that among families receiving traditional child welfare services, non-white children have a higher risk of placement than white children (31% to 25% at 365 days). This difference is statistically significant (Wilcoxon=50.131, df=1,  $p<.001$ ). Figure 19, however, displays a very different racial picture for families receiving IFPS services. There is virtually no difference in the placement curves for white children and non-white children who receive IFPS services (Wilcoxon=.049, df=1,  $p=.83$ ). These results indicate that not only do non-white children have a

lower placement rate at 365 days, but that IFPS mitigates the racial disparity that exists in the rest of the child welfare population that received traditional services.



### **Client Tracking, Long Term Outcomes, and Family Well-Being**

At the close of IFPS services, the primary caretaker of each family is asked to participate in a follow-up study. They are asked if they are willing to be contacted at one year intervals for three years to find out how the family is getting along. Those that agree are entered into the IFPS family tracking database, and a survey form is mailed to their last known address. They are asked to complete the survey and return it in a prepaid, confidential mailer. The caretakers are asked about a number of things, including the living arrangements of the imminent risk children; the academic performance, health, mental health, and behavioral histories of the child since the last contact; and the families well-being and use of services since the last contact.

At the end of SFY 2001, data from this year's client tracking activities were pooled with those from the previous 4 years. Of the 2,946 families that concluded IFPS services between July 1, 1995 and June 30, 2000, 62% (1,821) agreed to be contacted for a one year follow-up. The current sample includes 469 imminent-risk children from 337 families out of a potential population of 1,821 families, or 19% of the families that agreed to be contacted. While this sample is large enough to provide statistically reliable information, it may be biased towards families with stable housing (a number of families that agreed to be interviewed could not be located after a year).

The caretakers that were interviewed provided the following information:

- 79% of families (representing 83% of imminent-risk children) remained "intact" one year after IFPS, with 74% of imminent risk children living at home, and 9% living with a relative or family friend;
- 71% of caretakers were "happy" with their children's living arrangements;
- 14% of the imminent risk children (among the 83% listed as "intact") had lived out of the home for some period during the preceding year, but were "at home" at the time that the interview was conducted;
- 76% of children had no involvement with the police or courts during the preceding year, although 8% had experienced an arrest;

- 88% of children were in “good to very good” general health, although nearly one quarter (22%) were reported to have moderate emotional/mental health difficulties, and almost an additional quarter (22%) were reported to have “poor to very poor” emotional/mental health during the previous year;
- 47% of children had used mental health services during the previous year, and the majority of these (62%) found the services to be “helpful to very helpful;”
- 37% of children had received services from departments of social services, and the majority of these (66%) described the services as “helpful to very helpful;”
- 25% of children had used “other services” available in the community with the large majority (76%) finding these other services to be “helpful to very helpful;” and,
- 77% of caretakers interviewed still reported IFPS as having been “helpful to very helpful,” one year after services.

These long-term client tracking data indicate that the large majority of families (79%) remain intact one year following IFPS, but 14% of imminent risk children from these families had experienced an apparently brief period during which the child(ren) did not live at home. Most school-age children were in school, receiving passing grades or better, and staying out of trouble with the law. Some families still struggle with emotional/mental health issues, but families are using mental health or other services and finding them helpful. Only a small number of children (between 5% and 11% in each case) had experienced legal difficulties, been arrested, placed on probation or put under court supervision.

These findings imply that the effects of IFPS have some durability. A major emphasis during service is the development of skills needed to resolve future crises, or the acquisition of knowledge about how to access services to help during a crisis. Recall that the tracking data revealed that a combined 44% of children had experienced “moderate to severe emotional/mental health difficulties” but only one fifth of families (21%) were found not to be “intact” at the one-year anniversary of service. One year prior to that, 100% of these families were experiencing a crisis sufficient to require outside intervention.

Although the emotional/mental health/behavioral factors normally associated with IFPS interventions seem to have been reasonably well addressed and sustained during the year following IFPS, slightly more than one half (56%) of families still did not have financial resources sufficient to meet their basic needs. One fifth (20%) of families received TANF funds, and 30% received food stamps. About one quarter (27%) described themselves as “poor to very poor”, nearly one quarter (23%) received SSI; and more than two fifths (43%) received Medicaid.

These findings indicate that substantial numbers of IFPS families continue to experience significant financial stress following services, and these stressors are likely to precipitate future crises for families. For example, while housing was not described as a major stressor by most families, some families were experiencing major housing problems (e.g., being evicted, living in extreme poverty); about 8% described their housing as “less than adequate.” These kinds of stressors are not the type that can be addressed by IFPS over the long term, and speak to the need for other parts of the human services system to respond (e.g., Work First, housing, etc.).

Generally speaking, however, families that received services from IFPS providers report that they are coping quite well, particularly when compared to their circumstances at the time that those services began.

### **Cost-Effectiveness, Cost/Benefit Analysis**

The following analysis is based upon true costs of operating the IFPS program during SFY 2001, and estimated placement costs provided by the Division of Social Services, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, and the Division of Youth Services.

During SFY 2001 there were 1,326 children identified as being at imminent risk of placement into one of the state's child serving systems (DSS foster care, MH/DD/SAS facilities, Juvenile Justice facilities). Table 12 presents a breakdown of the number of children at risk of placement, and the number of children actually placed in care or not living at home.

**Table 12. Children At Risk of Out-Of-Home Placement at Intake.**

<b>Potential Placement Type</b>	<b>Number of Children At Risk of Out-Of-Home Placement</b>	<b>Number of Children Placed or Not Living At Home</b>
DSS Foster Care	1,096	57
Juvenile Justice	120	5
Mental Health	68	8
Developmental Disabilities	2	0
Substance Abuse Services	2	0
Private Placement	24	3
Other	NA	12
<b>Totals</b>	<b>1,312<sup>1</sup></b>	<b>85</b>

<sup>1</sup> This number is less than 1,326 because there were 14 imminent risk children from 8 families served from 3 programs (Youth Focus, Alamance County MH/DD/SAS, and Baptist Children's Home) that reported results for cases closed in SFY 2001 (shown in Table 1), but opened and were funded in the previous fiscal year. These programs did not receive direct funding from DSS in the current fiscal year and have been excluded from the cost effectiveness and cost/benefit analysis for SFY 2001. It should be noted, however, that 3 of these 14 children excluded from the cost effectiveness and cost/benefit analysis were placed in Foster Care at case closure.

For purposes of the analysis, MH/DD/SAS and Private Placements (which are almost always psychiatric placements) are combined to determine the potential costs and cost savings of the IFPS program. Table 13 presents those estimated potential costs and estimated actual costs of placements.

**Table 13. Estimated Potential and Estimated Actual Costs of Placements for SFY 2001**

Estimated Potential Placement Costs				Estimated Actual Placement Costs		
Placement Type	# of Children At Risk	Placement Costs	Total	# of Children Placed	Placement Costs	Total
DSS FC <sup>1</sup>	1,096	\$ 4,400	\$4,822,400	57	\$ 4,400	\$250,800
MH/DD/SAS <sup>2</sup>	96	21,433	2,057,568	11	21,433	235,763
Juvenile Justice <sup>3</sup>	120	53,785	6,454,200	5	53,785	268,925
<b>Column Total</b>	<b>1,312</b>		<b>\$13,334,168</b>	<b>73*</b>		<b>\$755,488</b>

\* This number is less than 85 because 12 children were either “on runaway”, emancipated, or were homeless.

<sup>1</sup> DSS out of home placement costs were obtained from Division of Social Services, Children’s Services Section.

<sup>2</sup> Mental Health/Developmental Disabilities/Substance Abuse placement costs were obtained from Division of MH/DD/SAS.

<sup>3</sup> Juvenile Justice placement costs were obtained from the Department of Juvenile Justice and Delinquency Prevention.

Following are the cost-effectiveness and cost/benefit statistics for the IFPS program during SFY 2001:

- 1,312 children were at imminent risk of removal, at a total potential placement cost of \$13,334,168;
- 73 children were actually placed in various, known placements at an estimated cost of \$755,488;
- IFPS diverted an estimated maximum of \$12,578,680 from placement costs; a cost savings of 94.33%;
- if the cost of operating the IFPS program (\$4,096,200) is subtracted from the gross savings (\$12,578,680), a net savings of \$8,482,480 results;
- the cost/benefit ratio of IFPS for SFY 2001 is \$2.07; that is, for every \$1.00 spent providing IFPS, \$2.07 is not being spent on placement services for imminent risk children who would otherwise be assumed to be placed in out-of-home care;
- the cost of delivering IFPS in SFY 2001 was \$3,122 per imminent risk child, and \$5,945 per family;
- had all 1,312 children been placed as originally indicated, the placement cost per child would have been \$10,163, and the families would not have received any services as part of these expenditures.

Table 14 presents a way of analyzing the costs and cost savings of IFPS that addresses the “fiscal break-even point” of operating the program. This is a useful analysis because some program critics contend that not all children who are identified as being at imminent risk would eventually go into placement, even if they did not receive IFPS. They contend that traditional

methods of presenting cost savings are misleading. Table 14 presents costs and cost savings at different levels of placement prevention, and demonstrates that the IFPS program is cost effective and results in a very high cost/benefit ratio.

The left-most column presents different levels of placement prevention; the other columns present the true costs of the program, the estimated placement costs avoided, and the net cost or cost saving of operating the IFPS program.

**Table 14. Determining the Fiscal Break-Even Point of the IFPS Program: Cost and Cost-Savings Resulting from Different Levels of Child Placement Prevention**

<b>Placement Prevention Rates</b>	<b>Cost of Providing IFPS in SFY 2001</b>	<b>Placement Costs Avoided</b>	<b>Net Additional Cost or Cost Savings</b>
100%	\$4,096,200	\$13,334,168	\$9,237,968 savings
SFY '01 @ 94.3342%	4,096,200	12,578,680	8,481,921 savings
90%	4,096,200	12,000,751	7,904,551 savings
80%	4,096,200	10,667,334	6,571,134 savings
70%	4,096,200	9,333,917	5,237,717 savings
60%	4,096,200	8,000,500	3,704,300 savings
50%	4,096,200	6,667,084	2,570,884 savings
40%	4,096,200	5,333,667	1,237,467 savings
31% (30.7196%)	4,096,200	4,096,200	0 break even point
30%	4,096,200	4,000,250	<95,950> add'l. cost
20%	4,096,200	2,666,834	<1,429,366> add'l. cost
10%	4,096,200	1,333,417	<2,762,783> add'l. cost
0%	4,096,200	0	<4,096,200> add'l. cost

This table is adapted from a method developed by the Center for the Study of Social Policy (CSSP, Working Paper FP-6, 1989).

The two shaded rows of data from Table 14 illustrate that the “fiscal break-even point” for IFPS occurs at about the 31% (30.7196%) placement prevention rate, whereas the IFPS program actually performed at a 94.3% placement prevention rate. This yields a range of 63% of children served within which program critics can argue about the cost effectiveness of the program and the cost/benefit produced. However, the data clearly demonstrate that the program is very cost effective. Individual program costs are shown in Appendix C.



## **Summary of Major Findings from the Outcome-Focused Evaluation of North Carolina's Intensive Family Preservation Services Program**

- ◆ Intensive Family Preservation Services are able to improve family functioning in all areas measured by the NCFAS.
- ◆ Some areas of family functioning (e.g., Parental Capabilities, Family Interactions, Family Safety, Child Well-Being) are more amenable to change during a brief intervention than other areas (e.g., Environment).
- ◆ Family functioning scores on all domains, as measured on the NCFAS, are statistically significantly associated with placement and non-placement at the end of IFPS. This finding supports concurrent validity of the NCFAS.
- ◆ Overall, placement prevention rates have been very stable, ranging between 88% and 92% each year since SFY 1994.
- ◆ In addition to placement prevention, IFPS services are statistically significantly associated with reductions in the “level of care” needed among those children *who are placed* at the end of IFPS services.
- ◆ IFPS program cost analysis indicates that IFPS is a very cost-effective program. It also revealed a very favorable cost/benefit ratio.
- ◆ Long-term client tracking revealed durability of IFPS services one year after service, as measured by: living arrangements of families, service utilization by families and their apparent abilities to handle family stress, and caretakers attitudes about IFPS and other services.
- ◆ Long-term client tracking data also reveal continuing significant family stressors beyond the means of IFPS programs to impact over the long term. These include poverty, housing, and chronic emotional/mental health needs.
- ◆ The retrospective study bolsters the results of the traditional evaluation strategies employed in previous years by demonstrating the clear superiority of IFPS over traditional services when risk factors are controlled or accounted for in the analysis.
- ◆ Retrospective study survival curves indicate a predictable attrition phenomenon among IFPS families that occurs between 6 and 9 months after IFPS. This finding suggests that follow-up family contact and opportunity for additional services should be offered 5 to 6 months after IFPS.

## **Conclusion**

The ongoing evaluation of IFPS programs in North Carolina has shown that IFPS services are effective at preventing out-of-home placement while services are being delivered. The retrospective data suggest that the IFPS treatment effects begin to diminish after approximately 6 months. As a response to this data, the General Assembly enacted special provisions in the 2001-2002 budget (section 21.50) that will impact the way IFPS follow-up services are delivered. Specifically, the special provisions require that:

The Department of Health and Human Services shall require that any program or entity that receives State, federal, or other funding for the purpose of Intensive Family Preservation Services shall provide information and data that allows for:

1. An established follow-up system with a minimum of 6 months of follow-up services.
2. Detailed information on the specific interventions applied including utilization indicators and performance measurement.
3. Cost Benefit Data
4. Data on long-term benefits associated with Intensive Family Preservation Services. This data shall be obtained by tracking families through the intervention process.
5. The number of families remaining intact and the associated interventions involved in beyond 12 months.
6. The number and percentage of minority race children who received Intensive Family Preservation Services compared to the ratio of their distribution in the general population exposed to Child Protective Services involvement based on the CPS risk ratings.

The implication for program policy is that IFPS workers will be required to conduct assessments of family's well-being at regular intervals following completion of IFPS. After conducting these follow-up assessments, IFPS workers will be able to provide a 'booster shot' of IFPS services to the family if needed, and will also collect information regarding the programs and services utilized by the family since IFPS completion. This policy initiative will be in place in early 2002.

## **APPENDIX A**

### **Intensive Family Preservation Services Contact List**

<b>PROGRAMS</b>	<b>CONTACT PERSON</b>	<b>COUNTIES SERVED</b>
<b>Alamance/Caswell Area MH/DD/SAS</b> Children and Youth Services 601 Rosenwald Street Burlington, NC 27217	<b>Deirdre King</b> (336) 513-4300 Fax: (336) 513-4314	Alamance
<b>Baptist Children's Home</b> PO Box 338 Thomasville, NC 28361	<b>Kim Steed</b> (336) 747-1256 Fax: (336) 474-0205	Davidson
<b>Blue Ridge Area MH/DD/SAS</b> 257 Biltmore Avenue Asheville, NC 28801	<b>Meredith Moore</b> (828) 258-2597 Fax: (828) 285-9679	Buncombe
<b>Buncombe County DSS</b> PO Box 7408 Asheville, NC 28802	<b>Becky Kessell</b> (828) 250-5523 Fax: (828) 255-5260	Buncombe
<b>Cabarrus County DSS</b> PO Box 668 Concord, NC 28026	<b>Cathy Rucker</b> (704) 920-1523 Fax: (704) 788-8420	Cabarrus
<b>Catawba County DSS</b> PO Box 669 Newton, NC 28658	<b>Charlotte Rorie</b> (828) 322-5800 Fax: (828) 322-2497	Catawba
<b>Choanoke Area Development Assoc.</b> PO Box 530 Rich Square, NC 27869	<b>Joyce Scott</b> (252) 537-9304 Fax: (252) 539-2048	Halifax, Northampton
<b>Clay County DSS</b> PO Box 147 Hayesville, NC 28904	<b>Terry Beckner</b> (828) 586-8958 Fax: (828) 586-0649	Clay
<b>Cleveland County DSS</b> 130 S. Post Road Drawer 9006 Shelby, NC 28152	<b>Kim Reel</b> (704) 487-0661 Ext. 260 Fax: (704) 484-1051	Cleveland
<b>Cumberland Area MH/DD/SAS</b> PO Box 3069 Fayetteville, NC 28645	<b>Dennis Feely</b> (910) 323-0510 Fax: (910) 323-9183	Cumberland
<b>Foothills Area MH/DD/SAS</b> PO Box 669 Marion, NC 28752	<b>Jim Hamilton</b> (828) 652-5444 Ext. 221 Fax: (828) 652-7257	Alexander, Burke, Caldwell

<b>PROGRAMS</b>	<b>CONTACT PERSON</b>	<b>COUNTIES SERVED</b>
<b>Centerpointe Area MH/DD/SAS</b> 836 Oak St. Suite 100 Winston-Salem, NC 27101	<b>Gerald Allen</b> (336) 607-8601 Fax: (336) 607-8564	Davie, Forsyth, Stokes
<b>Gaston County DSS</b> 330 N. Marietta St. Gastonia, NC 28052	<b>Penny Plyler</b> (704) 862-7989 Fax: (704) 862-7885	Gaston
<b>Home Remedies Bringing It All Back Home</b> 204 Avery Avenue Morganton, NC 28655	<b>Brenda Caldwell</b> (828) 433-7187 Fax: (828) 437-8329	Burke, Caldwell
<b>Iredell County DSS</b> PO Box 1146 Statesville, NC, 28687	<b>Brenda Caldwell</b> (828) 433-7187 Fax: (828) 437-8329	Iredell
<b>Methodist Home for Children</b> PO Box 10917 Raleigh, NC 28779	<b>Marci White</b> (919) 828-0345 Fax: (919) 755-1833	Brunswick, Chatham, New Hanover, Pender, Pitt, Scotland, Wake, Wayne
<b>Mountain Youth Resources</b> 20 Colonial Square Sylva, NC 28779	<b>Terri Beckner</b> (828) 586-8958 Fax: (828) 586-0649	Cherokee, Graham, Macon
<b>Person County Family Connections</b> 304 S. Morgan St. Room 111 Roxboro, NC 27573	<b>Vickie Nelson</b> (336) 597-1746 Fax: (336) 599-1609	Person
<b>Piedmont Behavioral Health Care</b> 1305 S. Cannon Blvd. Kannapolis, NC 28083	<b>Revella Nesbitt</b> (704) 939-1151 Fax: (704) 939-1120	Cabarrus
<b>Sandhills Center for MH/DD/SAS</b> PO Box 631 Rockingham, NC 28379	<b>Opal Sherva</b> (910) 895-2476 Fax: (910) 895-9896	Richmond
<b>Smoky Mountain Counseling Center</b> 1207 East Street Waynesville, NC 28786	<b>Terri Hager</b> (828) 452-0680 Fax: (828) 452-0905	Haywood, Jackson
<b>Youth Focus, Inc.</b> 301 East Washington Street Greensboro, NC 27401	<b>Betsy Winston</b> (336) 333-6853 Fax: (336) 333-6815	Guilford
<b>EXPANSION PROGRAMS</b>		
<b>Centerpointe Area MH/DD/SAS</b> 836 Oak St. Suite 100 Winston-Salem, NC, 27101	<b>Maria Maxwell</b> (336) 607-8595 Fax: (336) 607-8564	Forsyth

<b>PROGRAMS</b>	<b>CONTACT PERSON</b>	<b>COUNTIES SERVED</b>
<b>Cumberland Area MH/DD/SAS</b> PO Box 3069 Fayetteville, NC 28645	<b>Rodney Benn</b> (910) 323-0601 Fax: (910) 323-9183	Cumberland
<b>Exchange Club/SCAN</b> 500 W. Northwest Blvd. Winston-Salem, NC 27105	<b>George Bryan, Jr.</b> (336) 748-9028 Fax: (336) 748-9030	Forsyth
<b>Family Services of the Piedmont</b> 301 E. Washington St. Greensboro, NC 27401	<b>Chris Faulkner</b> (336) 333-6910 Fax: (336) 333-6918	Guilford
<b>Home Remedies Bringing It All Back Home</b> 204 Avery Avenue Morganton, NC 28655	<b>Brenda Caldwell</b> (828) 433-7187 Fax: (828) 437-8329	Rutherford
<b>Methodist Home For Children</b> PO Box 10917 Raleigh, NC 27605	<b>Marci White</b> (919) 828-0345 Fax: (919) 755-1833	Johnston, Robeson, Bertie, Camden, Chowan, Currituck, Gates, Hertford, Martin, Pasquotank, Perquimans
<b>Piedmont Behavioral Health Care</b> 1807 East Innes St. Salisbury, NC 28146	<b>Esther Winters</b> (704) 630-4673 Fax: (704) 437-5902	Rowan
<b>Rainbow Center, Inc.</b> PO Box 1194 N. Wilkesboro, NC 28659	<b>Glenda Andrews</b> (336) 667-3333 Fax: ( 336) 667-0212	Wilkes
<b>Youth Focus, Inc.</b> 301 East Washington Street Greensboro, NC 27401	<b>Betsy Winston</b> (336) 333-6853 Fax: (336) 333-6815	Guilford
<b>Youth Homes, Inc.</b> 500 E Morehead St. Suite 120 Charlotte, NC 28202	<b>Valeria Iseah</b> (704) 334-9955x56 Fax: (704) 375-7497	Mecklenburg

## **APPENDIX B**

### **SFY 2000-2001 Steering Committee Members**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>
<b>Charles C. Harris, Chief</b> NC Division of Social Services Children's Services Section	325 North Salisbury Street Raleigh, NC 27603	(919) 733-9467 Fax: (919) 715-0024
<b>Sonya Toman</b> NC Division of Social Services	325 North Salisbury Street Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
<b>Timothy Brooks</b> NC Division of Social Services	325 North Salisbury Street Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
<b>Heather Thomas</b> NC Division of Social Services	325 North Salisbury Street Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
<b>Catherine Joyner</b> NC Division of Social Services	325 North Salisbury Street Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
<b>Bernadine Walden</b> NC Division of Social Services	325 North Salisbury Street Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
<b>Rhoda Ammons</b> NC Division of Social Services	325 North Salisbury Street Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
<b>Sue Bell</b> NC Division of Social Services	325 North Salisbury Street Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
<b>Harvey Langston</b> NC Division of Social Services	325 North Salisbury Street Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
<b>Ray Kirk, Ph.D</b> UNC School of Social Work	301 Pittsboro Street, CB# 3550 Chapel Hill, NC 27599	(919) 962-6510 Fax: (919) 962-1486
<b>Judy Julian</b> NC Department of Juvenile Justice and Delinquency Prevention	Raleigh, NC 27699	(919) 733-3011 Fax: (919) 733-0780
<b>Kathy Dudley</b> NC Department of Juvenile Justice and Delinquency Prevention	Raleigh, NC 27699	(919) 733-3011 Fax: (919) 733-0780
Julie Hayes-Seibert NC Division of MH/DD/SAS	3509 Haworth Dr. Raleigh, NC 27699	(919) 571-4900 Fax (919) 733-8259
<b>Beverly Hester</b> NC Division of Women's and Children's Health	PO Box 27687 Raleigh, NC 27611-7687	(919) 715-3905 Fax: (919) 715-3187
<b>Kim Mouzone</b> NC Central Community Development	311 N. Tarboro St. Raleigh, NC 27610	(919) 516-5228 Fax: (919) 807-0038
<b>Sally Sloop</b> NC Partnership for Children	1100 Wake Forest Road, Suite 300 Raleigh, NC 27604	(919) 821-7999 Fax: (919) 821-8050
<b>Chris Faulkner</b> Family Services of the Piedmont	315 E. Washington St. Greensboro, NC 27401	(336) 387-6161 Fax: (336) 387-9167
<b>April Duckworth</b> Family Connections	304 S. Morgan St. Room 163 Roxboro, NC 27573	(336) 597-1746 Fax: (336) 598-0272
<b>Carla Johnson</b> Family Connections	304 S. Morgan St. Room 163 Roxboro, NC 27573	(336) 597-1746 Fax: (336) 598-0272

## APPENDIX C

### **PROGRAM ALLOCATIONS AND EXPENDITURES FOR SFY 2000-2001**

	Allocation	Actual Expenditure
<b><u>Departments of Social Services</u></b>		
Buncombe County DSS	\$127,380	\$109,371
Cabarrus County DSS	\$62,193	\$43,443
Catawba County DSS	\$75,000	\$75,000
Clay County DSS	\$75,000	\$38,905
Cleveland County DSS	\$230,757	\$201,435
Gaston County DSS	\$155,822	\$165,565
Iredell County DSS	\$88,580	\$113,578
<b><u>Area Mental Health Programs</u></b>		
Blue Ridge Mental Health	\$32,582	\$70,517
Centerpointe Mental Health	\$43,443	\$89,342
<i>Centerpointe Mental Health</i>	A	A
Cumberland County Mental Health	\$32,582	\$32,582
<i>Cumberland County Mental Health</i>	\$283,582	\$220,614
Foothills Area Mental Health	\$39,822	\$71,917
Piedmont Area Mental Health	B	\$121,000
<i>Piedmont Behavioral Healthcare</i>	\$73,630	\$65,211
Sandhills Mental Health	\$75,000	\$78,452
Smoky Mountain Mental Health	\$90,506	\$82,343
<b><u>Private Agencies</u></b>		
BIABH	\$311,250	\$312,268
<i>BIABH (Rutherford County)</i>	\$75,000	C
Choanoke Area Development Association	\$125,000	\$125,000
<i>Exchange/SCAN</i>	\$95,000	\$95,000
Family Connections	\$75,000	\$71,422
<i>Family Services of the Piedmont</i>	\$240,000	\$240,000
<i>Methodist Home for Children – Johnston</i>	\$74,949	\$73,897
<i>Methodist Home for Children – Region 10</i>	\$237,554	\$209,051
<i>Methodist Home for Children – Robeson</i>	\$119,111	\$114,955
Methodist Home for Children	\$635,979	\$754,279
Mountain Youth Resources	\$150,000	\$150,000
<i>Rainbow Center</i>	\$55,000	\$51,440
<i>Youth Focus</i>	D	D
<i>Youth Homes</i>	\$279,646	\$259,613
<b>TOTALS</b>	<b>\$3,959,908</b>	<b>\$4,096,200 (E)</b>

Note: Expansion programs are listed in *italics*.

A: *Centerpointe Mental Health* expansion program is a subcontract of *Exchange/SCAN* and their allocation/actual expenditure is included under *Exchange/SCAN*.

B: Piedmont Area Mental Health does not receive direct funding from DSS.

C: The actual expenditure for *BIABH* expansion program is included in the actual expenditure figure for *BIABH*.

D: *Youth Focus* expansion program is a subcontract of *Family Services of the Piedmont* expansion program and their allocation/actual expenditure is included under *Family Services of the Piedmont*.

E. Total Expenditures exceeds allocation because some programs supplemented their DSS funding with additional funds from other sources.

Note: There were 8 families (14 imminent risk children) served from 3 programs (Youth Focus, Alamance County MH/DD/SAS, and Baptist Children's Home) that reported results for cases closed in SFY 2001 (shown in Table 1), but opened and were funded in the previous fiscal year. These programs did not receive direct funding from DSS in the current fiscal year and have been excluded from the cost figures above and the cost effectiveness and cost/benefit analysis for SFY 2001.